

ARKANSAS REGISTER



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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

Transmittal Sheet

Secretary of State
State Capitol Rm. 010
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 9/25/95 Code Number 067.00.95 -- 001

Name of Agency ARKANSAS STATE BOARD OF NURSING

Department _____

Contact Person LINDA C. MURPHEY, EXECUTIVE DIRECTOR

Statutory Authority for Promulgating Rules ARK. CODE ANN. § 17-86-309(1)

		Date
Intended Effective Date	CHAPTERS 1-10:	05/12/95
<input type="checkbox"/> Emergency	Legal Notice Published CHAPTERS 1; 4, 5:	08/11/95
<input checked="" type="checkbox"/> ¹⁰ 20 Days After Filing	CHAPTERS 2-3; 6-10	06/19/95
	Final Date for Public Comment 1, 4, & 5:	09/14/95
<input type="checkbox"/> Other	Filed With Legislative Council	06/09/95
		07/13/95
	Reviewed by Legislative Council	07/06/95
		08/21/95
	Adopted by State Agency	06/19/95
		09/14/95

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Linda C. Murphey
Signature

EXECUTIVE DIRECTOR
Title

SEPTEMBER 15, 1995
Date



Arkansas State Board of Nursing

UNIVERSITY TOWER BUILDING, SUITE 800
1123 SOUTH UNIVERSITY AVENUE
LITTLE ROCK, ARKANSAS 72204

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SECRETARY OF STATE
STATE OF ARKANSAS
BY _____
TELEPHONE
(501) 686-2700

THIS IS TO CERTIFY THAT THE ATTACHED RULES AND
REGULATIONS WERE DULY APPROVED BY THE LEGISLATIVE
COUNCIL, THE PUBLIC HEALTH, WELFARE AND LABOR COMMITTEE
OF THE LEGISLATIVE COUNCIL AND THE ARKANSAS STATE BOARD
OF NURSING AND FILED WITH THE SECRETARY OF STATE AND
THE ARKANSAS LIBRARY THIS FIFTEENTH DAY OF SEPTEMBER,
1995.

Linda C. Murphey
LINDA C. MURPHEY, R.N., M.N.
EXECUTIVE DIRECTOR

DEPARTMENT ARKANSAS STATE BOARD OF NURSING
DIVISION

PERSON COMPLETING THIS STATEMENT LINDA C. MURPHEY, EXECUTIVE DIRECTOR
TELEPHONE NO. 686-2700 FAX NO. 686-2714

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FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE RULES AND REGULATIONS, CHAPTERS 1-10

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes X* No _____
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
*SEE ATTACHMENT 1
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

1995-96 Fiscal Year

1996-97 Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

1995-96 Fiscal Year*

1996-97 Fiscal Year

5. What is the total estimated cost by fiscal year to the agency to implement

1995-96 Fiscal Year

1996-97 Fiscal Year

\$3,000

-0-

* SEE ATTACHMENT 2

July 28, 1995

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FINANCIAL IMPACT OF PROPOSED RULES

Chapter Two, Section II.G.2.a & b

This rule requires foreign educated applicants to be tested to determine their ability to speak English before qualifying for licensure by examination. The cost per candidate is approximately \$100. The financial impact is outweighed by the public safety issue involved.

Chapter Ten, A.1

This rule equalizes the examination fees for R.N., L.P.N. and L.P.T.N. candidates. The increased financial impact to L.P.N.s is offset by the fee reduction to R.N.s and L.P.T.N.s.

Chapter Ten, A.3.a.4 & 5

These are new fees to implement Act 409 of 1995, authorizing the practice of Advanced Practice Nursing.

Chapter Ten, A.6

This new fee has been implemented to cut down on the excessive number of late license renewals. The financial impact will serve as an incentive for licensees to renew in a timely fashion. The impact is offset by the assurance to the public that nurses are legally licensed to practice.

Chapter Ten, A.7,8,9 & 11

These new fees cover services for which the Board had not formerly received reimbursement.

Chapter Ten, A.10

This rule provides for an inactive status category to implement Act 409 of 1995. The impact is offset by not having to maintain a license if the licensee wishes to retire temporarily from nursing.

Attachment 2

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**Total Estimated Cost by Fiscal Year
to Any Party Subject to the
Proposed, Amended or Repealed Rule or Regulation**

Rule	1995-96 Fiscal Year	1996-97 Fiscal Year
Ch. 2, ILG.2.a & b	\$100	\$0
Ch. 10, A.1	\$30	\$0
Ch. 10, A.3.a.4 & 5	\$60	\$0
Ch. 10, A.6	\$30	\$0
Ch. 10, A.7	\$20	\$0
Ch. 10, A.8, 9 & 11	\$5	\$0
Ch. 10, A.10	\$10	\$0

ARKANSAS STATE BOARD OF NURSING RULES AND REGULATIONS

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**CHAPTER ONE
GENERAL PROVISIONS**

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SECRETARY OF STATE
STATE OF ARKANSAS

**SECTION I
PURPOSE AND AUTHORITY**

A. PURPOSE

1. **ARKANSAS NURSE PRACTICE ACT** - Requires that any person who practices or offers to practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing or psychiatric technician nursing for compensation be licensed and submit evidence that he/she is qualified to so practice and shall be licensed as hereinafter provided.
2. **ARKANSAS STATE BOARD OF NURSING** - Established by the Arkansas Nurse Practice Act for the implementation of the statute by carrying on the licensing, disciplinary and educational functions for professional, advanced practice, registered nurse practitioner, practical and psychiatric technician nursing.

- B. LEGAL AUTHORITY** - The authority of the Board is contained in the Arkansas Code of 1987 Annotated and 1995 Supplement, Sections 17-86-101 through 17-86-402 (Nurse Practice Act).

**SECTION II
THE PRACTICE OF NURSING**

A. THE PRACTICE OF PROFESSIONAL NURSING

The performance for compensation of any acts involving the observation, care and counsel of the ill, injured or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in regulations established by the board; or the administration of medications and treatments as prescribed by an advanced practice nurse holding a certificate of prescriptive authority, a licensed physician or licensed dentist, where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

B. THE PRACTICE OF ADVANCED PRACTICE NURSING

The practice of advanced practice nursing means the delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as advanced nurse practitioners, certified registered nurse anesthetists, certified nurse midwives and clinical nurse specialists.

1. **ADVANCED NURSE PRACTITIONER** — The practice of advanced nurse practitioner nursing means the performance for compensation of nursing skills by a registered nurse who, as demonstrated by national certification, has advanced knowledge and practice skill in the delivery of nursing services.
2. **CERTIFIED REGISTERED NURSE ANESTHETIST** — The practice of certified nurse anesthesia means the performance for compensation of nursing skills relevant to the administration of anesthetics in the presence and under the supervision of a licensed physician or licensed dentist.

3. **CERTIFIED NURSE MIDWIFE** — The practice of nurse midwifery means the performance for compensation of nursing skills relevant to the management of women's health care, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and gynecological needs of women, within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.
 4. **CLINICAL NURSE SPECIALIST** — The practice of clinical nurse specialist nursing means the performance for compensation of nursing skills by a registered nurse who, through study and supervised practice at the graduate level and as evidenced by national certification, has advanced knowledge and practice skills in a specialized area of nursing practice.
- C. THE PRACTICE OF REGISTERED NURSE PRACTITIONER NURSING** — The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. Registered nurse practitioners shall be authorized to engage in activities as recognized by the nursing profession and as authorized by the Board. Nothing in this subdivision is to be deemed to limit a registered nurse practitioner from engaging in those activities which normally constitute the practice of nursing, or those which may be performed by persons without the necessity of the license to practice medicine.
- D. THE PRACTICE OF PRACTICAL NURSING** — the performance for compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board; under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.
- E. THE PRACTICE OF PSYCHIATRIC TECHNICIAN NURSING** — The performance for compensation of acts involving the care of the physically and mentally ill, retarded, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board, and the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

SECTION III DEFINITION OF TERMS

ACTIVITIES OF DAILY LIVING — Those self-care activities which must be accomplished each day in order for the client to care for his own needs and participate in society.

ADVANCED PRACTICE NURSE CATEGORIES — Advanced nurse practitioner, certified registered nurse anesthetist, certified nurse midwife and clinical nurse specialist.

AGENCY, CLINICAL FACILITY — A facility outside the framework of the program which provides educational experiences for the student.

APPROVAL, TYPES

PREREQUISITE — Permission to proceed in establishing a program of nursing.

INITIAL — Granted to the program when the curriculum is developed and readiness to admit students is demonstrated.

FULL — Granted to the nursing program which provides evidence that minimum requirements are met.

CONTINUED FULL — Granted to the nursing program which continues to meet the minimum requirements.

CONDITIONAL — Serves to warn the nursing program of deviations from mandatory requirements affecting the quality of the school.

APPROVED/ACCREDITED — An agency or institution which has met the requirements established by a recognized national, regional, state or professional body.

BOARD — The Arkansas State Board of Nursing.

BOARD REPRESENTATIVE — A person appointed, hired or otherwise authorized by the Board to carry out its functions.

CHAIRMAN/DIRECTOR — The person responsible for the specific educational unit in nursing, regardless of the official title in the institution.

COLLABORATING PHYSICIAN — A physician, licensed under the Arkansas Medical Practices Act, § 17-93-201 et seq., who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse or registered nurse practitioner.

COLLABORATIVE PRACTICE AGREEMENT — Document setting out how an advanced practice nurse and physician intend to cooperate in the delivery of client care.

CONSULTING PHYSICIAN — A physician licensed by the Arkansas Medical Practices Act who has obstetric privileges in a hospital.

CONTROLLED SUBSTANCE — Drug substance or immediate precursor in Schedules I-V.

CREDENTIAL — A license, certificate or other evidence of qualifications.

DELEGATION — Entrusting the performance of a selected nursing task to an individual who is qualified, competent and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

DOCUMENTATION — Written proof or evidence to substantiate factual claims or statements satisfactory to the Board.

DRUG SAMPLE — A unit of a legend drug which is distributed to a practitioner by a manufacturer or a manufacturer's representative at no charge, is not intended to be sold, and is intended to promote the sale of the drug.

EMERGENCY CARE — Unanticipated care provided to a person who is unconscious, ill or injured, when the circumstances require prompt decisions and actions and when the necessity of immediate care is so apparent that any delay would seriously worsen the physical condition or endanger the life of the person.

LEGEND DRUG — A drug limited by Section 503,(b)(1) of the Federal Food, Drug, and Cosmetic Act to being dispensed by or upon a practitioner's prescription.

MAY — Indicates permission.

OBSERVATIONAL EXPERIENCE — One in which the nursing student provides no nursing care.

OFF CAMPUS/SATELLITE — A site distant from the originating school offering the same program in nursing as that being offered at the originating school.

PERSONAL CARE — Assistance with activities of daily living not requiring a medical prescription.

PHILOSOPHY/MISSION — Includes and identifies the beliefs accepted by the nursing faculty and controlling institution.

PRECEPTOR — A currently licensed nurse or physician, meeting the requirements of these regulations, who serves as a facilitator of student learning in a practice setting.

PRECEPTORSHIP — Practice under the supervision of a qualified preceptor in the care of consumers of health services while a student in a Board approved program.

PRESCRIPTIVE AUTHORITY — Authorization, given by the Board, for an advanced practice nurse who meets established requirements to prescribe. Prescriptive authority for controlled substances shall only extend to drugs listed in Schedules III through V.

PROGRAM — The total educational curriculum in nursing, including theoretical and clinical components.

ASSOCIATE DEGREE PROGRAM — A professional nursing program leading to an associate degree with a major in nursing.

BACCALAUREATE DEGREE PROGRAM — A professional nursing program leading to a baccalaureate degree with a major in nursing.

DIPLOMA PROGRAM — A professional nursing program leading to a diploma with a major in nursing.

PRACTICAL NURSING PROGRAM — A nursing program leading to a certificate in practical nursing.

PSYCHIATRIC TECHNICIAN NURSING PROGRAM — A nursing program leading to a certificate in psychiatric technician nursing.

PROTOCOL — A written statement which delineates agreed-upon approaches in client care and management.

SHALL, WILL, MUST — Indicates a mandatory requirement.

SHOULD — Indicates a recommendation.

SPONSORING/CONTROLLING INSTITUTION — The organization responsible for the administration and continuing operation of the nursing education program.

SURVEY — A visit to determine compliance with minimum requirements.

THERAPEUTIC DEVICE — An instrument or apparatus, requiring a prescription, that is intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

TRANSMITTING — Relaying an order for a medication, treatment or therapeutic device.

UNDER THE DIRECTION OF A LICENSED PHYSICIAN — The performance of specific acts and procedures which have been authorized by a licensed physician and which may be performed outside the presence of the physician under conditions where a physician is readily available for consultation.

UNENCUMBERED LICENSE — Free of disciplinary limitations or pending action.

SECTION IV GENERAL MATTERS

A. OFFICE AND HOURS

The office of the Board is in Little Rock, Arkansas. The office shall be open during business hours each day, Saturday, Sunday and holidays excepted.

B. EXAMINATION, INQUIRY OR INVESTIGATION

The Board may, through one or more of its members, or staff especially authorized, conduct at its office in Little Rock, Arkansas, or in any part of the state, any examination, inquiry or investigation, hearing or other proceeding necessary to perform its duties and functions. The executive director shall have custody of the seal and official records and shall be responsible for the maintenance and custody of the files and records of the Board, including the credentials for all Arkansas licensed nurses, transcripts of testimony and exhibits, the minutes of all actions taken by the Board and all of its findings, determinations, reports, opinions, orders, rules, regulations, and approved forms.

C. AUTHENTICATION

All notices and other actions of the Board shall be authenticated or signed by the president, secretary, or such other person as may be authorized by the Board.

D. NOTICE

Upon order of the Board, the president, secretary, or executive director shall issue all notices of hearings and other process as may be directed by the Board.

E. POWERS OF BOARD

The Board is authorized to:

1. Promulgate whatever regulations it deems necessary for the implementation of the Act;
2. Cause the prosecution of persons violating the Act;
3. Keep a record of all its proceedings;
4. Make an annual report to the Governor;
5. Employ personnel necessary for carrying out its functions;
6. Study, review, develop and recommend role levels of technical classes of nursing service and practice to state and federal health agencies and to public and private administrative bodies;
7. Fix the time for holding its regular meetings;
8. Prescribe minimum standards and approve curricula for educational programs preparing persons for licensure as registered nurses, advanced practice nurses, registered nurse practitioners, licensed practical nurses, and licensed psychiatric technician nurses;
9. Provide for surveys of such programs at such times as it deems necessary or at the request of the schools;
10. Approve programs that meet the requirements of the Act;
11. Deny or withdraw approval from educational programs for failure to meet prescribed standards;
12. Examine, license and renew the licenses of duly qualified applicants for professional nursing, practical nursing and psychiatric technician nursing;
13. License and renew the licenses of duly qualified applicants for advanced practice nursing and registered nurse practitioner nursing;
14. Issue certificates of prescriptive authority; and

15. Conduct disciplinary proceedings as provided for in the Act.

F. EXECUTIVE DIRECTOR

The executive director of the Board shall be a registered nurse and meet the qualifications required by the Board.

G. BOARD FUNDS AND FEES

1. The Board shall establish and collect fees for services relating to examination, licensing, endorsement, certification for prescriptive authority, temporary permits, license renewal and other reasonable services as determined by the Board.
2. All funds received by the Board shall be deposited in the State Treasury to the credit of the Board.
3. Fees paid to the Board may be in the form of cash, cashier checks, or money orders. Personal checks are accepted from in-state applicants only.
4. Fees paid to the Board are processing fees and are not refundable.

H. APPROVAL OF REGULATIONS

No regulations promulgated hereafter by the Board shall be effective until reviewed by the Arkansas Legislative Council and the Joint Interim Committee on Public Health, Welfare and Labor of the Arkansas General Assembly.

I. RECORDS

1. Record Maintenance

The executive director shall enter, in permanent form, credentials of all nurses, records of official transactions and proceedings, and keep such records in safekeeping.

2. Tapes

Meetings may be taped by a secretary as necessary for purposes of minute taking. Tapes may be erased after corresponding minutes have been approved. The president may request taping of specific agenda items; such tapes will be retained for a minimum of one year. Public hearings for rule changes may be taped; such tapes to be retained until the rule change is effective.

3. Destruction

The executive director may destroy or dispose of records in the office in accord with applicable law.

4. Certified Copies

Upon written request and payment of a fee, the executive director shall provide to any nurse holding Arkansas licensure a certified copy of any of her/his records on file in the Board office.

5. Public Inspection

Records shall be open to public inspection except as may be specifically exempted by statute.

6. Request for Copies of Rules

Copies of rules of the Board will be furnished free of charge to any official of a government agency requesting them in the performance of his/her duties.

J. EXAMINATION REVIEW

A registered nurse, practical nurse or psychiatric technician nurse candidate who has failed the licensure examination may review his/her examination and/or challenge examination items according to the policies and procedures of the test development agency.

SECTION V ADMINISTRATION

A. ORGANIZATION

1. Composition of Board

The Arkansas State Board of Nursing is composed of fifteen (15) members to be appointed by the Governor subject to confirmation by the Senate. Six members of the Board shall be registered nurses whose highest level of educational preparation shall be as follows: two diploma school graduates, two associate degree graduates and two baccalaureate degree or post-baccalaureate degree graduates. One member shall be a licensed advanced practice nurse holding a certificate of prescriptive authority. Three members of the Board shall be licensed practical nurses. Three members of the Board shall be licensed psychiatric technician nurses. One member shall be a layperson representing consumers of health care services. One member, not actively engaged in or retired from the profession of nursing, shall be sixty years of age or older, and shall be the representative of the elderly. The Board shall make and adopt all necessary rules and regulations; perform the duties and transact the business required under the provisions of the Arkansas Nurse Practice Act.

2. Terms of Office

The term of office for members of the Board shall be four years. Members shall be appointed for such terms as will result in expiration of the terms of three members each year. No member shall be appointed to more than two (2) consecutive terms.

3. Quorum

Nine (9) members of the Board shall constitute a quorum.

B. OFFICERS OF THE BOARD

The officers of the Board shall consist of a president, vice president, secretary, and treasurer. The president shall be a registered nurse.

1. Election of Officers

The officers of the Board shall be elected annually. The nominee receiving the largest number of votes shall be declared elected and shall assume office on the day of the election.

2. Vacancies in Office

In case of a vacancy in any of said offices, the Board shall elect one of its members to fill such office until the next regular election.

3. Duties of Officers

- a. The president shall preside at meetings and shall appoint members to serve on committees as may be created and shall be an ex officio member of all committees except the Grievance Committee. The president shall prepare the agenda for the meeting.
- b. The vice president shall preside in the absence of the president, and shall assume the duties of the president when necessary.
- c. The secretary of the Board shall keep a record of the minutes of the meetings of said Board, together with a record of the action of the Board thereon.
- d. The treasurer shall serve as chairman of the Finance Committee, be responsible for presenting financial reports and a recommended budget to the Board for approval.

C. BUSINESS MEETINGS

1. Regular Meetings

The Board shall hold a regular meeting within each six (6) month calendar period. Regular meetings shall be determined by the Board unless otherwise ordered by the president.

2. Special Meetings

Special meetings may be called at any time by the president or by the secretary on the request of any three (3) members of the Board.

3. Agenda

An agenda shall be prepared for each meeting. A copy of the agenda shall be sent to each member at least seven (7) days prior to the meeting. Any member wishing to have a topic placed on the agenda shall notify the executive director at least ten (10) days prior to the meeting. Items of an emergency nature shall be considered at any meeting without prior notice.

4. Records of Meeting

The secretary shall keep a record of all meetings and such records shall be retained as a permanent record of the transactions of the Board.

5. Minutes

Minutes of the previous board meeting shall be approved at the beginning of each Board business meeting. Corrections and/or amendments shall be made at this time. Both president and secretary shall sign the minutes, affix the Board seal and file in the official minutes book. All motions shall be in writing and shall be placed in the Board office for safekeeping by the executive director and kept for a period of five (5) years.

6. Procedures for Meetings

Roberts Rules of Order, Newly Revised, shall be the guide to fair and orderly procedure in meetings of the Board.

CHAPTER TWO
LICENSURE: R.N., L.P.N., AND L.P.T.N.

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SECTION I
QUALIFICATIONS

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

- A. Good moral character.
- B. Completion of an approved high school course of study or the equivalent as determined by the appropriate educational agency.
- C. Completion of the required approved nursing education program. (LPN and LPTN requirements may be waived if applicant is determined to be otherwise qualified.)
- D. The Arkansas State Board of Nursing may refuse to admit to the examination any candidate and refuse to issue a license, certificate or registration to any applicant if the license, certificate or registration of such person has been revoked or suspended or placed on probation and not reinstated by the jurisdiction which took such action.

SECTION II
EXAMINATION

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION

- 1. Applications for examination shall be completed, certified and filed with the Board prior to the examination.
- 2. One 2x3-inch photograph, signed by the applicant, shall be filed with the application.
- 3. Examination applications shall be notarized. The application shall not be acceptable if the director or chairman of an educational program has certified the applicant prior to date of completion.

C. FEE

- 1. The examination fee shall accompany the application.
- 2. The examination fee (first time or retake) is not refundable.

D. PASSING SCORE

The passing score on the licensure examination shall be determined by the Board in accordance with national standards.

E. FAILING SCORE AND ELIGIBILITY TO RETAKE THE EXAMINATION

- 1. Any applicant whose score falls below the passing score shall fail the examination.
- 2. Persons failing the examination will be responsible for preparing to retake the examination.
- 3. The frequency and number of retests by unsuccessful candidates shall be determined by the Board.

F. RESULTS

- 1. Examination results shall not be released until a copy of the applicant's transcript is received from the school.
- 2. Examination results shall be mailed to all applicants and to their respective schools.

G. FOREIGN EDUCATED NURSES

1. The applicant must present evidence of:
 - a. Graduation from a high school of 12 grades or the equivalent.
 - b. Graduation from an approved or accredited school of nursing. The Board may waive this requirement for LPN and LPTN applicants provided they are otherwise qualified.
 - c. Licensure or proof of eligibility for licensure in the country of graduation.
 - d. Theory and practice in medical, surgical, pediatric, obstetric and psychiatric nursing which is substantially similar in length and content to that in equivalent Arkansas Board approved nursing programs at the time of application.
L.P.N. applicants must have evidence of all the foregoing with the exception of psychiatric nursing, in which theory only is required.
2. Ability to write, speak and understand English.
 - a. RN applicants: Certification by the Commission on Graduates of Foreign Nursing Schools.
 - b. LPN/LPTN applicants: A score of 50 or better on the *Test of Spoken English*.
3. Transcripts and certificates which are not in English must be accompanied by a certified translation.
4. Credentials shall be evaluated prior to submission of application and fees.

H. EQUIVALENCIES

1. LPN to LPTN: Candidates holding LPN licensure may, with the approval of the Board's representative, take the requisite psychiatric nursing courses in a Board approved LPTN program to meet the Board's requirements for LPTN licensure by examination at the time of application.
2. LPTN to LPN: Candidates holding LPTN licensure who completed Arkansas Board approved LPTN programs after March 18, 1980, may be admitted to the LPN licensure examination provided they are otherwise qualified.
3. Air Force: Graduates of the Air Force J3A2R90270 Medical Service Technician/4NO71 Medical Service Craftsman course, who satisfactorily completed the 90230, theory and clinical, and 5 level CDC courses, may be admitted to the LPN licensure examination provided they are otherwise qualified.
4. RN examination failures: Graduates of Board approved R.N. programs, upon submission of an official transcript directly from the school, and a copy of their R.N. examination failure results, may be admitted to the LPN licensure examination provided they are otherwise qualified.

SECTION III ENDORSEMENT

A. ELIGIBILITY

1. An applicant for licensure by endorsement must meet the requirements of the Board at the time of graduation.
2. An applicant licensed in another state after January 1950 must have taken a state board licensing examination and achieved a passing score.
3. LPTN applicants will be accepted from California and Kansas only.

B. EQUIVALENCIES

1. Air Force: Graduates of the Air Force J3A2R90270 Medical Service Technician/4NO71 Medical Service Craftsman course, who satisfactorily completed the 90230, theory and clinical, the 5 level CDC courses, and who hold LPN licensure in other jurisdictions may be endorsed provided they are otherwise qualified.
2. R.N. examination failures: Graduates of Board approved RN programs, holding LPN licensure by examination in other jurisdictions, may be endorsed provided they are otherwise qualified.

3. Canadian Registered Nurses licensed by NLN State Board Test Pool Examination in the following provinces during the years indicated: Alberta, 1952-1970; British Columbia, 1949-1970; Manitoba, 1955-1970; Newfoundland, 1961-1970; Nova Scotia, 1955-1970; Prince Edward Island, 1956-1970; Quebec (English language), 1959-1970; and Saskatchewan, 1956-1970. These applicants may be endorsed provided they are otherwise qualified.

C. APPLICATION

1. Applications must be completed, certified, accompanied by a 2x3-inch photograph signed by the applicant, and filed with the Board.
2. Endorsement certification will be accepted from the state of original licensure only.

D. FEE

1. The endorsement fee must accompany the application.
2. The fee is not refundable.

**SECTION IV
TEMPORARY PERMITS**

A. ENDORSEMENT APPLICANT

1. The Board shall issue a temporary permit to a qualified applicant holding a current, unencumbered license from another state or territory.
2. The permit shall have an issuance date and a date when it shall become invalid, a period not exceeding ninety (90) days.

B. FEES AND APPLICATIONS

1. The temporary permit fee shall be submitted with the application.
2. The fee is not refundable.

**SECTION V
RENEWALS**

A. Each person licensed under the provisions of the Nurse Practice Act shall renew biennially.

1. Thirty (30) days prior to the expiration date, the Board shall mail a renewal application to the last known address of each nurse to whom a license was issued or renewed during the current period.
2. The application shall be completed before the license renewal is processed.
3. The fee for renewal shall accompany the application.
4. The fee is not refundable.

B. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in inactive status by the expiration date.
2. Failure to receive the renewal notice at the last address of record in the Board office shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall file a reinstatement application and pay the current renewal fee and the reinstatement fee.
4. Any person practicing nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the Nurse Practice Act.

C. INACTIVE STATUS

1. Any licensee in good standing, who desires to retire temporarily from the practice of nursing in this state, shall submit a request in writing and the current license shall be placed on inactive status from the date of expiration.
2. While inactive, the licensee shall not practice nursing nor be subject to the payment of renewal fees.
3. When the licensee desires to resume practice, he or she shall request a renewal application, which shall be completed and submitted with a reinstatement fee and the renewal fee.
4. When disciplinary proceedings have been initiated against an inactive licensee, the license shall not be reinstated until the proceedings have been completed.

**SECTION VI
LOST, STOLEN OR DESTROYED CREDENTIALS**

- A. A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays a duplicate credential fee.
- B. The credential will be marked "duplicate" and date of issuance noted.

**SECTION VII
CERTIFICATION TO ANOTHER JURISDICTION**

Upon payment of a certification fee, a nurse seeking licensure in another state may have a certified statement of Arkansas licensure issued to the Board of Nursing in that state.

**SECTION VIII
NAME OR ADDRESS CHANGE**

- A. A licensee, whose name is legally changed, shall be issued a replacement license following submission of the current license, along with a notarized statement, copy of marriage license or court action, and the required fee.
- B. A licensee, whose address changes from the address appearing on the current license, shall immediately notify the Board of the change. The Board shall not issue a new license; but shall make such changes in current license files.

CHAPTER THREE REGISTERED NURSE PRACTITIONER

SECTION I SCOPE OF PRACTICE

FILED
AR. REGISTERED DIV.
95 SEP 15 PM 1:10
SHARON FRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

A. REGISTERED NURSE PRACTITIONER

A registered nurse practitioner is a licensed professional nurse prepared in the manner stated herein who provides direct care to individuals, families and other groups in a variety of settings, including homes, hospitals, offices, industry, schools and other institutions and health care settings. The service provided by the nurse practitioner is directed toward the delivery of primary, secondary and tertiary care which focuses on the achievement and maintenance of optimal functions in the population. The nurse practitioner engages in independent decision making about the nursing care needs of clients and collaborates with health professionals and others in making decisions about other health care needs. The practitioner plans and institutes health care programs as a member of the health care team. The nurse practitioner is directly accountable and responsible to the recipient for the quality of care rendered.

Regulations which apply to registered nurses are hereby incorporated by reference.

B. ACTS PROPER TO BE PERFORMED BY A REGISTERED NURSE PRACTITIONER

1. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with a licensed physician and under direction of the physician, to perform particular acts at the advanced and specialized levels as recognized by the nursing profession and which are in conformity with the Nurse Practice Act.
 - a. Secures, records and evaluates the health, psychosocial and developmental history of patients.
 - b. Performs physical examinations using techniques of observation, inspection, auscultation, palpation and percussion, and uses appropriate diagnostic tests.
 - c. Discriminates between normal and abnormal findings on the history and physical examination and refers the individuals who need further evaluation or supervision.
 - d. Documents the processes of nursing care delivery.
 - e. Contributes to the comprehensive care of the ill in collaboration with the health care team.
 - f. Coordinates health care plans to enhance the quality of health care and diminish both fragmentation and duplication of service.
 - g. Contributes to the health education of individuals and groups and applies methods designed to increase each person's motivation to assume responsibility for his own health care.
 - h. Facilitates entry into and through the health care system by appropriate route.
 - i. Counsels with families and/or individuals regarding family planning, pregnancy, child care, emotional stresses, long term illness and general health problems.
 - j. Performs periodic health evaluations and plans for health maintenance of clients.
 - k. Conducts community clinics for case finding and screening for health problems.
2. The Arkansas State Board of Nursing authorizes the registered nurse practitioner, in collaboration with a licensed physician and under direction of the physician, to perform particular acts recognized by the nursing profession and which are in conformity with the Nurse Practice Act.
 - a. Assumes responsibility for ongoing health maintenance and clinical management of stable chronically ill patients.

- b. Provides initial care of emergencies and initiates arrangements for continuing definitive care.
- c. Identifies, manages and initiates treatment for common medical problems by "Protocols" as described in Section I.C.
- d. Evaluates progress and manages prenatal and postpartum care.

C. PROTOCOLS

1. Any nurse practicing as a registered nurse practitioner shall practice in accordance with protocols developed in collaboration with and signed by a licensed physician.
2. Protocols shall address:
 - a. Established procedures for the management of common medical problems in the practice setting.
 - b. The degree to which collaboration, independent action and supervision are required.
 - c. Acts including, but not limited to, assessment, diagnosis, treatment and evaluation.
3. Protocols shall not include controlled substances.
4. Documentation
 - a. Orders transmitted from protocols shall be documented on the client's medical record.
 - b. Orders transmitted from protocols to inpatient medical records shall contain:
 - (1) Name of medication, therapeutic device or treatment.
 - (2) Strength
 - (3) Dose
 - (4) Length of time or amount prescribed.
 - (5) Directions for use
 - (6) RNP Signature
 - (7) Physician's name, printed, followed by notation "protocol."
5. Any deviation from written protocols shall require:
 - a. A specific written or verbal order from the collaborating physician before the order is transmitted or implemented.
 - b. Documentation in the medical record as specified in § b.(1)-(6) above, and notation that order was by consultation, to be signed by the RNP.
6. Review of Protocols
 - a. The RNP shall document annual joint review with the licensed physician, and revise when necessary.
 - b. The RNP shall, upon request, provide the Board with current protocols.
7. Nothing in this regulation shall be construed to prohibit any registered nurse practitioner from transmitting a prescription order orally or telephonically, or from administering a legend drug pursuant to a lawful direction of a licensed physician, dentist, or advanced practice nurse who holds a certificate of prescriptive authority.

D. SERVICES AND RESPONSIBILITIES

The RNP shall, upon request of the Board, provide documentation outlining the extent of services, responsibilities and required supervision of nurse practitioners, and the accompanying responsibilities of collaborating physicians.

E. DELEGATED ACTS

The registered nurse practitioner shall demonstrate competence in any act or procedure delegated by the collaborating physician.

SECTION II LICENSURE

A. QUALIFICATIONS

1. Active licensure as a registered nurse in Arkansas.
2. Documentation acceptable to the Board of:
 - a. Satisfactory completion of a nurse practitioner educational program. Such program of study shall conform to the program guidelines outlined herein, and shall be approved by the Board.
3. Documentation to the Board of completion of a preceptorship under a preceptor who meets the following qualifications:
 - a. Current Arkansas licensure as an RNP or ARNP, and
 - b. Three (3) years experience as an RNP or ARNP; or
 - c. A physician currently licensed in Arkansas.

B. APPLICATION FOR INITIAL LICENSURE

In addition to current licensure as a registered nurse, the information submitted to the Board shall include:

1. A completed application form;
2. An official transcript or document from a program which meets the qualification as set forth in § II.A above, and which contains the dates of entry and completion, and the credential conferred.
3. If not included in the official transcript, a document from the program verifying the preceptorship, including the beginning and ending dates, and the licensure status of the preceptor.

C. RENEWAL

1. The date for renewal of licensure to practice as a registered nurse practitioner shall coincide with the renewal of the applicant's registered nurse license.
2. An application for renewal of a registered nurse practitioner license shall submit to the Board:
 - a. A completed application form;
 - b. Payment of the nonrefundable renewal fee.

D. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in an inactive status by the expiration date.
2. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.
3. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. The renewal fee and the reinstatement fee.
4. Fees are nonrefundable.
5. Any person practicing as a registered nurse practitioner during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violation of the Nurse Practice Act.

E. INACTIVE STATUS

1. Any licensee in good standing who desired his or her registered nurse practitioner license to be placed on inactive status may submit a request in writing to the Board.
2. The current license shall be placed on inactive status from the date of expiration

3. While the license is inactive, the licensee shall not engage in registered nurse practitioner nursing nor be subject to the payment of renewal fees.
4. If the nurse desires to resume practice, he or she shall submit a written request for a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee.
5. Fees are nonrefundable.
6. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

SECTION III CREDENTIALS

- A. The licensee shall immediately report a lost, stolen or destroyed license to the Board.
- B. A duplicate license shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays a duplicate credential fee.
- C. The license will be marked "duplicate" and date of issuance noted.

SECTION IV NAME OR ADDRESS CHANGE

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of the current license, along with an affidavit, copy of marriage license or court action, and the required fee.
- B. A licensee, whose address changes from the address appearing on the current license, shall immediately notify the Board of the change. The Board shall not issue a new license; but shall make such changes in current license files.

SECTION V EDUCATIONAL PROGRAMS

An institution desiring to conduct an education program to prepare registered nurse practitioners shall submit evidence to the Board that the following criteria have been met. A survey of the institution and the registered nurse practitioner program shall be made by an authorized representative of the Board, who shall submit a written report of the survey to the Board.

A. PHILOSOPHY/MISSION, PURPOSE, OBJECTIVES

1. The program shall have in its purpose the preparation of nurse practitioners.
2. The philosophy/mission, purpose and objectives of the program shall be clearly defined and available in written form.
3. The objectives reflecting the philosophy/mission shall be stated in behavioral terms and describe the competencies of the graduate.

B. ADMINISTRATION

1. The program shall be conducted by an approved institution of higher education.
2. Admission criteria shall be clearly stated and available in written form.
3. Admission requirements, philosophy/mission, objectives and criteria shall be available to the student.
4. The student shall receive official evidence that indicates successful completion of the course.

C. FACULTY

1. There shall be an adequate number of qualified faculty to develop and implement the program and achieve the stated objectives.
2. Faculty must include master's prepared registered nurse practitioners.
3. Nursing faculty must hold a current license to practice nursing in Arkansas.
4. Medical faculty must hold a current license to practice medicine in Arkansas.

D. PRECEPTORS

1. Shall meet the following qualifications:
 - a. A registered nurse practitioner, currently licensed in Arkansas, with three years nurse practitioner experience, or
 - b. A physician currently licensed in Arkansas who supports the concept of the expanded role of the nurse.

E. CURRICULUM

1. The course content, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the program.
2. Outlines and descriptions of all learning experiences shall be available in writing.
3. The program shall be at least one (1) academic year in length (nine months full-time) and shall include theory in the biological, behavioral, nursing and medical sciences relevant to the area of registered nurse practitioner practice, including a minimum of sixteen (16) continuous weeks (640 hours) preceptorship with a qualified preceptor.
 - a. The program shall include, but not be limited to, theory and directed clinical experience in comprehensive physical and biopsychosocial assessment; interviewing and communication skills; eliciting, recording and maintaining a health history; interpretation of laboratory findings; assessment of community resources; making referrals to appropriate professionals or agencies.
 - b. The program shall include content relating to role realignment, legal implications of registered nurse practitioner practice, and the health care delivery system.
 - c. The program shall provide theory and supervised clinical experiences in the "Acts Proper to be Performed by an R.N.P." as stated in Section II.B.

F. RECORDS

Records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates shall be maintained systematically and be retrievable.

G. EVALUATION

Provision shall be made for periodic program evaluation by the faculty and students.

If, in the opinion of the Board, the requirements for an approved registered nurse practitioner program are met, the program shall be approved.

An authorized representative of the Board shall survey the registered nurse practitioner program on a regular basis and submit written reports of such surveys to the Board. If the Board determines that the program is not maintaining the Board's standards, notice shall immediately be given in writing specifying the defect or defects.

A program which fails within a reasonable time to correct these conditions to the satisfaction of the Board shall have approval withdrawn after a hearing.

CHAPTER FOUR ADVANCED PRACTICE NURSING

FILED
AR. REGISTER DIV.
95 SEP 15 PM 1:10

SECTION I SCOPE OF PRACTICE

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

The advanced practice nurse shall practice in a manner consistent with the definition of the practice of advanced practice nursing set forth in Ark. Code Ann. § 17-86-102(3).(A)(B)(C)(D), and in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in these regulations. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained.

SECTION II QUALIFICATIONS FOR LICENSURE

Advanced practice nurse (APN) licensure shall be designated in one of the four categories below. Current registered nurse licensure in Arkansas is required for all categories of advanced practice licensure. APN categories and their respective qualifications are:

A. ADVANCED NURSE PRACTITIONER (ANP)

1. Successful completion of an organized program of nursing education that prepares nurses for the advanced practice role of advanced nurse practitioner; and
2. Current certification as a nurse practitioner by a nationally recognized certifying body which meets the requirements of Section VII of this Chapter.

B. CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

1. Satisfactory completion, beyond generic nursing preparation, of a formal educational program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs or another nationally recognized accrediting body that has as its objective preparation of nurses to perform as nurse anesthetists; and
2. Current certification from the Council on Certification of Nurse Anesthetists, Council on Recertification of Nurse Anesthetists, or another nationally recognized certifying body which meets the requirements of Section VII of this Chapter.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. Successful completion of an organized program of nursing education that prepares nurses for the advanced practice role of nurse midwife;
2. Current certification as a nurse midwife from the American College of Nurse Midwives, or another nationally recognized certifying body which meets the requirements of Section VII of this Chapter; and
3. Agreement with a consulting physician.

D. CLINICAL NURSE SPECIALIST (CNS)

1. Master's degree evidencing successful completion of a graduate program in nursing, which shall include supervised clinical practice and classroom instruction in a nursing clinical practice specialty; and
2. Current certification in a specialty role as a clinical nurse specialist from a nationally recognized certifying body which meets the requirements of Section VII of this Chapter.

SECTION III LICENSURE

A. ELIGIBILITY

The applicant shall meet the licensure requirements of the Board.

B. APPLICATION FOR INITIAL LICENSURE

In addition to current licensure as a registered nurse, the information submitted to the Board shall include:

1. A completed Board application form;
2. An official transcript or document from a nursing education program that meets the qualifications of Section II of this Chapter in the category of advanced practice nursing for which the applicant is seeking licensure. The transcript or document shall verify the date of graduation and the degree or certificate conferred;
3. A statement directly from the national certifying body evidencing current certification in good standing;
4. For the certified nurse midwife only: an agreement with a consulting physician;
5. Payment of the nonrefundable fee.
6. Upon application for licensure, the Board may utilize the licensure documentation on file in the Board office as a basis for licensure of advanced practice nurses in the categories of certified nurse midwife and certified registered nurse anesthetist who meet the requirements for initial licensure as advanced practice nurses.

C. TEMPORARY PERMITS

1. Upon application and payment of the required temporary permit fee, the Board shall issue a temporary permit to practice in an advanced practice nursing category to a qualified applicant who:
 - a. Meets the educational requirements set forth in Section II of this Chapter; and
 - b. Has been accepted by the appropriate certification body to sit for the first national certification exam he or she is eligible to take.
2. The permit shall expire upon notification to the applicant of the results of the examination.
3. The permit is not renewable and does not apply to prescriptive authority.

D. RENEWALS

1. The date for renewal of licensure to practice as an advanced practice nurse shall coincide with renewal of the applicant's registered nurse license.
2. An applicant for renewal of an advanced practice nurse license shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Proof of current national certification;
 - c. Payment of the nonrefundable renewal fee.
3. Continuing education submitted to the certifying body to meet the qualifications for recertification shall be accepted as meeting the statutory requirement for continuing education.
4. Upon request, an APN shall submit documentation of continuing education to the Board.

E. LAPSED LICENSE

1. The license is lapsed if not renewed or placed in an inactive status by the expiration date.
2. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

3. Any licensee whose license has lapsed shall submit to the Board:
 - a. A completed Board renewal application form;
 - b. Proof of current national certification;
 - c. The renewal fee and the reinstatement fee.
4. Fees submitted to the Board are nonrefundable.
5. Any person engaged in advanced practice nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the Nurse Practice Act.

F. INACTIVE STATUS

1. Any licensee in good standing who desires his or her advanced practice license to be placed on inactive status may submit a request in writing to the Board.
2. The current license shall be placed on inactive status from the date of expiration.
3. While the license is inactive, the licensee shall not engage in advanced practice nursing nor be subject to the payment of renewal fees.
4. If the nurse desires to resume practice in this state, he or she shall request a renewal application, which shall be completed and submitted with a renewal fee and the reinstatement fee. Fees are nonrefundable.
5. All certification and continuing education requirements for renewal shall apply.
6. If disciplinary proceedings on an inactive licensee have been initiated, the license shall not be reinstated until the proceedings have been completed.

**SECTION IV
LOST, STOLEN OR DESTROYED CREDENTIALS**

- A. A duplicate license or certificate shall be issued when the licensee submits a notarized statement to the Board that the document is lost, stolen, or destroyed, and pays a duplicate credential fee.
- B. The credential will be marked "duplicate" and date of issuance noted.

**SECTION V
NAME OR ADDRESS CHANGE**

- A. A licensee whose name is legally changed shall be issued a replacement license following submission of the current license, along with an affidavit, copy of marriage license or court action, and the required fee.
- B. A licensee whose address changes from the address appearing on the current license shall immediately notify the Board of the change. The Board shall not issue a new license; but shall make such changes in current license files.

**SECTION VI
STANDARDS OF NURSING PRACTICE**

A. PURPOSE

1. To establish standards essential for safe practice by the advanced practice nurse.
2. To serve as a guide for evaluation of advanced nursing practice.

B. CORE STANDARDS FOR ALL CATEGORIES OF ADVANCED PRACTICE NURSING

1. The advanced practice nurse shall assess clients at an advanced level, identify health status including abnormal conditions, establish a diagnosis, develop and implement treatment plans and evaluate client outcomes.
2. The advanced practice nurse shall use advanced knowledge and skills in teaching and guiding clients and other health team members.
3. The advanced practice nurse shall use critical thinking and decision making at an advanced level, commensurate with the autonomy, authority and responsibility of his/her practice category.
4. The advanced practice nurse shall have knowledge of the statutes and regulations governing advanced nursing practice, and function within the legal boundaries of the appropriate advanced practice nursing category.
5. The advanced practice nurse shall recognize the APN's limits of knowledge and experience, planning for situations beyond expertise, and collaborating with or referring clients to other health care providers as appropriate.
6. The advanced practice nurse shall retain professional accountability for advanced practice nursing care when delegating interventions.
7. The advanced practice nurse shall maintain current knowledge and skills in the advanced practice nursing category.
8. Regulations which apply to registered nurses are hereby incorporated by reference.

- C.** In addition to the core standards, the advanced practice nurse shall practice in accord with the standards established by the national certifying body from which the APN holds his or her certification required for licensure. These standards shall have been reviewed and accepted by the Board.

**SECTION VII
PROFESSIONAL CERTIFICATION PROGRAMS**

- A.** A national certifying body which meets the following criteria shall be recognized by the Board to satisfy Section II of these regulations.
- B.** The national certifying body:
1. Is national in the scope of its credentialing;
 2. Has no requirement for an applicant to be a member of any organization;
 3. Has an application process and credential review which includes documentation that the applicant's education is in the advanced practice nursing category being certified, and that the applicant's clinical practice is in the certification category;
 4. Uses an examination as a basis for certification in the advanced practice nursing category which meets the following criteria:
 - a. The examination is based upon job analysis studies conducted using standard methodologies acceptable to the testing community;
 - b. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to clients;
 - c. The examination content and its distribution are specified in a test plan (blueprint), based on the job analysis study, that is available to examinees;
 - d. Examination items are reviewed for content validity and correct scoring using an established mechanism, both before use and periodically;
 - e. Examinations are evaluated for psychometric performance;

- f. The passing standard is established using acceptable psychometric methods, and is reevaluated periodically; and
 - g. Examination security is maintained through established procedures.
- 5. Issues certification based upon passing the examination and meeting all other certification requirements;
- 6. Provides for periodic recertification which includes review of continued education, qualifications and continued competence;
- 7. Has mechanisms in place for communication to the Board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and
- 8. Has an evaluation process to provide quality assurance in its certification program.

SECTION VIII

ADVANCED PRACTICE NURSING EDUCATION PROGRAMS

A. PURPOSE

To insure the safe practice of advanced practice nursing, the Board shall approve educational programs, offered by an accredited college or university, which offers a graduate degree with a major in nursing and a concentration in the advanced practice nurse category which qualifies the graduate for certification in an advanced practice nursing specialty.

B. EXEMPTION

Master's programs in advanced practice nursing, which submit evidence of having current accreditation by the recognized national educational accrediting agency for the discipline of nursing, shall be accepted by the Board as having met the regulations for Board approval. The standards for accreditation shall be maintained during the accrediting period.

C. ACCREDITATION

- 1. The controlling institution, offering an advanced degree program in nursing, shall be approved by and have met the standards of graduate education set forth by the regional accrediting agency.
- 2. Documentation of program accreditation, reaccreditation, or a change in the program's accreditation status by the recognized national educational accrediting agency for the discipline of nursing, shall be submitted to the Board within thirty (30) days of notification by the accrediting body.

D. CURRICULUM REQUIREMENTS

- 1. The curriculum shall include but is not limited to:
 - a. Biological, behavioral, pharmacological, medical and nursing sciences relevant to practice as an advanced practice nurse in the specified category;
 - b. Legal, ethical and professional responsibilities of advanced practice nurses;
 - c. Supervised clinical practice relevant to the category of advanced practice nurse;
 - d. Standard and acceptable higher education curricula structure for the discipline and for the program type; and
 - e. A basis to take the certification examination in a category of advanced practice nursing.
- 2. Any student, enrolled in a course which includes clinical learning activities, shall hold a registered nurse temporary permit or license according to Arkansas law.

E. PROGRAM ADMINISTRATOR

The program head, at the time of appointment, shall hold a current license to practice as a registered nurse in the State of Arkansas, and shall hold a master's degree and a doctoral degree, one of which is in nursing. The program head shall have previous experience in clinical nursing practice, teaching and administration.

F. FACULTY REQUIREMENTS

1. Nurse faculty members shall have the following qualifications:
 - a. Hold a current license to practice as a registered nurse in the State of Arkansas;
 - b. Hold a minimum of a master's degree in nursing and should have a major in their area of responsibility;
 - c. Have experience in clinical nursing practice.
2. A majority of nurse faculty shall hold a doctoral degree and provide expertise in curriculum development, research and evaluation.
3. Clinical faculty shall include advanced practice nurse(s) currently licensed in Arkansas in the category being taught.
4. Preceptors shall hold the following qualifications:
 - a. Current licensure as a registered nurse in the state of practice; and
 - b. National certification as an advanced practice nurse in the area of practice; or
 - c. Current licensure to practice medicine.
5. Nonnurse faculty members shall hold a doctoral degree, or the minimum of a master's degree in their respective disciplines, to teach supportive courses. A majority of the nonnurse faculty who teach supportive courses must hold a doctoral degree in their respective discipline.

G. NEW PROGRAM APPROVAL

1. An institution, desiring to conduct a nursing education program to prepare advanced practice nurses, shall apply to the Board and submit evidence that it is prepared to carry out a program in advanced practice nursing education, utilizing the "Criteria and Procedures for Preparing Proposals for New Programs" established by the Department of Higher Education.
2. Newly established advanced practice nursing educational programs shall be surveyed by the Board's representative, utilizing the Department of Higher Education criteria, every five (5) years or until the requirements for exemption have been met.
3. Information regarding the nursing education program, requested by the Board, shall be provided by the controlling institution.
4. If, in the opinion of the Board, the requirements for an approved nursing education program are met, the program shall be approved as a nursing education program for advanced practice nursing.
5. If the Board determines that the program is not maintaining the Board's standards, notice shall be given in writing specifying the defect or defects. A program which fails, within a reasonable time, to correct these conditions to the satisfaction of the Board shall have approval withdrawn after a hearing.

H. CHANGE OF CONTROLLING INSTITUTION

If ownership of an institution operating an advanced practice nursing program should change, the new governing body shall consult the Board for direction in continuing the program.

I. LOSS OF PROGRAM ACCREDITATION

1. Advanced practice nursing programs which fail to maintain national accreditation shall be subject to review by the Board.

2. If the Board determines that an approved program is not meeting the criteria set forth in these regulations, the controlling institution shall be given a reasonable period of time to correct the identified deficiencies. If the controlling institution fails to correct the identified program deficiencies within a time specified, the Board may withdraw the approval following a hearing held pursuant to the provisions of the Administrative Procedure Act.

J. CLOSING A PROGRAM

1. When the decision to close a graduate program in a defined specialty leading to advanced practice licensure has been made, the program head shall advise the Board and submit a written plan for the discontinuation of the program. The closure may be accomplished in one of two ways:
 - a. Students may be transferred to another approved advanced practice nursing program. The transfer should provide for minimum loss of student time.
 - b. The program may close gradually by discontinuing student admissions and officially closing the program on the date that the last student completes the program.
2. To prevent applications for admission, early public announcement of closing of the program shall be made.
3. All requirements must be maintained until the last student is transferred or has completed the program.
4. The controlling institution shall be responsible for maintaining custody of records in accordance with the policy of that institution.
5. The controlling institution shall notify the Board in writing of arrangements to maintain permanent student and graduate records and other pertinent documents.

SECTION IX PRESCRIPTIVE AUTHORITY

A. REQUIREMENTS FOR A CERTIFICATE OF PRESCRIPTIVE AUTHORITY

An applicant for a certificate of prescriptive authority shall:

1. Be currently licensed as an advanced practice nurse in Arkansas.
2. Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category.
3. Provide documentation of successful completion of pharmacology coursework which shall include pharmacokinetics principles and their clinical application and the prescription of pharmacological agents in the prevention and treatment of illness, and the restoration and maintenance of health. The coursework shall contain a minimum of:
 - a. Three (3) graduate credit hours of a post-baccalaureate pharmacology course offered by an accredited college or university within two years immediately prior to the date of application to the Board; or
 - b. Forty-five (45) contact hours [a contact hour is fifty (50) minutes] of continuing education in pharmacology, offered by an accredited college or university, or sanctioned by a nationally recognized continuing education accrediting body acceptable to the Board, within two (2) years immediately prior to the date of application to the Board; or
 - c. Three (3) graduate credit hours pharmacology course, included as part of an advanced practice nursing education program, within five (5) years immediately prior to the date of application to the Board; or

4. Up to, including and terminating after December 31, 1997, evidence of successful completion of:
 - a. Two (2) graduate credit hours of a post-baccalaureate pharmacology course, offered by an accredited college or university, within three (3) years immediately prior to the date of application to the Board; or
 - b. Thirty (30) contact hours (a contact hour is fifty (50) minutes) of continuing education in pharmacology, offered by an accredited college or university or sanctioned by a nationally recognized continuing education accrediting body acceptable to the Board, within three (3) years immediately prior to the date of application to the Board.
5. Provide documentation of a minimum of three hundred (300) clock hours preceptorial experience in the prescription of drugs, medicines and therapeutic devices with a qualified preceptor, completed as corequisite with the required pharmacology course or as a part of the formal educational program in which the pharmacology is taught.
6. Provide evidence of a minimum of one thousand (1000) hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The 1,000 hours shall not include clinical hours obtained in the advanced practice nursing education program.
7. Submit to the Board the applicant's current collaborative practice agreement with a physician who is licensed under the Arkansas Medical Practices Act, § 17-93-201 et seq., and who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse. APN's who will prescribe controlled substances should seek a collaborative practice with a physician who has an unrestricted DEA registration number. The collaborative practice agreement shall include, but not be limited to:
 - a. Availability of the collaborating physician(s) for consultation or referral or both;
 - b. Methods of management of the collaborative practice, which shall include the use of protocols for prescriptive authority;
 - c. Plans for coverage of the health care needs of a client in the emergency absence of the advanced practice nurse or physician;
 - d. Provision for quality assurance; and
 - e. Signatures of the advanced practice nurse and collaborating physician(s), signifying mutual agreement to the terms of the collaborative practice.
8. Submit the nonrefundable processing fee with the application for a certificate of prescriptive authority.

B. PROTOCOLS FOR PRESCRIPTIVE AUTHORITY

Protocols shall be made available upon request of the Board. Such protocols shall, at a minimum, include:

1. Indications for and classifications of legend drugs and therapeutic devices which will be prescribed or administered by the APN;
2. Date the protocol was adopted or last reviewed, which shall be at least annually.

C. PRESCRIBING PRIVILEGES

1. The APN, applying for a certificate of prescriptive authority, shall acknowledge in the application that he/she is familiar with all state and federal laws and regulations regarding prescribing; and shall agree to comply with these laws and regulations.
2. An advanced practice nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines or therapeutic devices appropriate to the APN's area of practice. The prescriptive authority for controlled drugs shall only extend to drugs listed in Schedules III through V.

3. Prescribing stipulations are as follows:
 - a. Legend drugs and therapeutic devices that are prescribed by the APN shall be included in the protocols as outlined in Subsection B. of this Section.
 - b. Controlled substances (Schedules III-V), defined by the state and/or federal controlled substances lists, will be prescribed or ordered as established in protocols provided that the APN has an assigned DEA registration number which is entered on each written prescription for a controlled substance.
 - c. The APN shall file his/her DEA registration number with the Board upon receipt.
 - d. Advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.
 - e. The APN shall consult the Board for direction the next working day following termination of the collaborative practice agreement.
4. The APN may prescribe a legend drug, medicine or therapeutic device not included in the written protocols only as follows:
 - a. Upon a specific written or verbal order obtained from the collaborating physician before the prescription or order is issued by the APN; and
 - b. Include documentation of consultation as described above in the client's medical record to be signed by the APN;
 - c. Schedules I and II controlled substances shall not be prescribed under the APN's certificate of prescriptive authority.
5. The APN shall note prescriptions on the client's medical record and include the following information:
 - a. Medication and strength;
 - b. Dose;
 - c. Amount prescribed;
 - d. Directions for use;
 - e. Number of refills; and
 - f. Initials or signature of APN.
6. The Board shall be responsible for keeping an up-to-date record, available to the public, of the advanced practice nurses authorized to prescribe in the state.
7. Advanced practice nurses in the category of certified registered nurse anesthetists shall not be required to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicines necessary for such care.

D. WRITTEN PRESCRIPTION FORMAT

1. All written prescriptions issued by the APN shall contain the name of the client, and the APN's name, telephone number, signature with the initials "APN", prescribing identification number issued by the Board, and should include information contained in Subsection C.5.a-e of this Section.
2. All prescriptions for controlled substances shall be written in accordance with federal regulations. The APN's assigned DEA registration number shall be written on the prescription form when a controlled substance is prescribed.

E. RECEIVING PREPACKAGED DRUG SAMPLES

1. APN's who have fulfilled requirements for prescriptive authority may receive legend drug samples and therapeutic devices appropriate to their area of practice, including controlled substances contained in Schedules III through V of the Controlled Substance Act, which have been prepared, packaged, or fabricated by a pharmaceutical manufacturer in accordance with the Arkansas pharmacy laws and regulations.
2. Records must comply with all applicable federal and state laws and regulations.

F. TERMINATION OF PRESCRIPTIVE AUTHORITY

Prescriptive authority may be terminated by the Board when the prescriber:

1. Fails to maintain current active licensure as an advanced practice nurse;
2. Violates provisions of this Act and/or regulations established by the Arkansas Department of Health, Nursing or Pharmacy Boards;
3. Violates any state or federal law or regulations applicable to prescriptions; or
4. Fails to follow any conditions imposed.

**SECTION X
PRESCRIPTIVE AUTHORITY ADVISORY COMMITTEE**

A. PURPOSE

The purpose of this committee shall include functioning in an advisory capacity to assist the Board with oversight and implementation of the provisions regarding prescriptive authority.

B. COMPOSITION

The Advisory Committee shall be composed of five (5) members appointed by the Board and approved by the Governor. Three (3) members shall be advanced practice nurses holding certificates of prescriptive authority, except that the initial advanced practice nurse appointees shall be exempt from holding a certificate. The Board shall issue certificates of prescriptive authority to the initial three (3) advanced practice nurse appointees based on the criteria in Chapter Four, Section IX. One (1) committee member shall be a licensed physician who has been involved in a collaborative practice with a registered nurse practitioner for at least five (5) years. One member shall be a licensed pharmacist who has been in practice for at least five (5) years. The Board shall select the initial chairperson.

C. TERMS OF OFFICE

The five (5) initial members appointed to the committee shall draw lots to determine staggered lengths of their initial terms. Successive members shall serve three (3) year terms. The Board may remove any advisory committee member, after notice and hearing, for incapacity, incompetence, neglect of duty or malfeasance in office.

D. COMPENSATION

Advisory committee members shall serve without compensation; but may be reimbursed to the extent special monies are appropriated therefor for actual and necessary expenses incurred in the performance of their official Board duties.

CHAPTER FIVE DELEGATION

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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

A. PURPOSE

Registered nurses, licensed practical nurses, and licensed psychiatric technician nurses, within the parameters of their education and experience, are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice. Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions; but such personnel cannot be used as a substitute for the licensed nurse.

Delegation by registered nurses, licensed practical nurses, and licensed psychiatric technician nurses must fall within the definitions in Ark. Code Ann. § 17-86-102. Delegation must occur within the framework of the job description of the delegatee and organizational policies and procedures, and must be in compliance with the Arkansas Nurse Practice Act. The following sections govern the licensed nurse in delegating and supervising nursing tasks to unlicensed personnel.

B. CRITERIA FOR DELEGATION

1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
 - a. The licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
 - b. The licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task.
 - c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgement, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
 - d. The licensed nurse shall have written procedures available for the proper performance of each task and shall have documented the competency of the unlicensed person to whom the task is to be delegated.
 - e. The delegating licensed nurse shall be readily available either in person or by telecommunications.
 - f. The licensed nurse shall be responsible for documentation of delegated tasks.
 - g. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
 - h. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.

2. Supervision: The degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
 - a. The stability of the condition of the client;
 - b. The training and capability of the unlicensed person to whom the nursing task is delegated;
 - c. The nature of the nursing task being delegated; and
 - d. The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.

C. SPECIFIC NURSING TASKS WHICH MAY BE DELEGATED WITHOUT PRIOR NURSING ASSESSMENT

By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound nursing practice to be delegated, provided the delegation is in compliance with Ark. Code Ann. § 17-86-102 and the level of supervision required is determined by the nurse.

1. Noninvasive and nonsterile treatments unless otherwise prohibited by Section D of this Chapter (relating to nursing tasks that may not be routinely delegated);
2. The collecting, reporting and documentation of data including, but not limited to:
 - a. Vital signs, height, weight, intake and output, urine test, and hematest results;
 - b. Changes from baseline data established by the nurse;
 - c. Environmental and safety situations;
 - d. Client or family comments relating to the client's care; and
 - e. Behaviors related to the plan of care;
3. Ambulation, positioning, and turning;
4. Transportation of the client within a facility;
5. Personal hygiene;
6. Feeding, cutting up of food, or placing of meal trays;
7. Socialization activities;
8. Activities of daily living; and
9. Reinforcement of health teaching planned and/or provided by the registered nurse.

D. NURSING TASKS THAT MAY NOT BE ROUTINELY DELEGATED

1. Nursing tasks not included in Section C are not usually within the scope of sound nursing judgment to delegate and may be delegated only in accordance with subsection 2 of this section.
2. The nursing tasks of this section may be delegated to an unlicensed person only:
 - a. Under circumstances where a reasonable and prudent licensed nurse would find that the delegation does not jeopardize the client's safety and/or welfare;
 - b. If, in the judgment of the licensed nurse, the unlicensed person has the appropriate knowledge and skills to perform the nursing task(s) in a safe and effective manner;
 - c. If the licensed nurse delegating the task is directly responsible for the nursing care given to the client;

- d. If the agency, facility, or institution, employing unlicensed personnel, follows a current protocol for the instruction and training of unlicensed personnel performing nursing tasks under this subsection; and that said protocol is developed by and taught under the supervision of registered nurses currently employed in the facility, and includes:
 - (1) The manner in which the instruction addresses the complexity of the delegated task;
 - (2) The manner in which the unlicensed person demonstrates competency of the delegated task;
 - (3) The mechanism for reevaluation of the competency; and
 - (4) An established mechanism for identifying those individuals to whom nursing tasks under this subsection may be delegated; and
- e. If the protocol recognizes that the final decision as to what nursing tasks can be safely delegated in any specific situation is within the specific scope of the nurse's professional judgment.

E. NURSING TASKS THAT SHALL NOT BE DELEGATED

By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

- 1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
- 2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
- 3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention;
- 4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and
- 5. Administration of any medications or intravenous therapy, including blood or blood products.
- 6. Receiving or transmitting verbal or telephone orders;
- 7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

F. TRANSFERENCE OF DELEGATED NURSING TASKS

It is the responsibility of the licensed nurse to assess each client prior to delegation of a nursing task and determine that the unlicensed person has the competence to perform the nursing task in that client's situation.

- 1. The licensed nurse shall not transfer delegated tasks to other clients under the care of the unlicensed person.
- 2. In delegating personal care, a licensed nurse is not required to assess each client; but must periodically assess the competence of the caregiver in those activities.

G. EXCLUSIONS

These sections shall not be construed to apply to:

1. The gratuitous nursing care of the sick by family or friends;
2. The furnishing of nursing care where treatment is by prayer or spiritual means alone;
3. Acts done by persons licensed by any board or agency of the State of Arkansas if such acts are authorized by such licensing statutes;
4. Nursing tasks performed by nursing students enrolled in Board approved nursing programs while practicing under the direct supervision of qualified faculty or preceptors;
5. The instruction and/or supervision of licensed nurses by registered professional nurses in the proper performance of tasks as a part of a state approved training/education course designed to prepare persons to obtain certification;
6. The performance in the school setting of nursing procedures necessary for students to achieve activities of daily living as cited in the Education of the Handicapped Act, 20 United States Code 1400-1485, and which are routinely performed by the student or the student's family in the home setting.
7. The acts of unlicensed persons responding to an emergency. This exclusion shall not be construed as permitting licensed nurses to delegate routinely to unlicensed persons.

CHAPTER SIX
MINIMUM REQUIREMENTS FOR SCHOOLS
OF
PROFESSIONAL NURSING

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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

SECTION I
APPROVAL

BY _____

A. PURPOSES

1. To insure the safe practice of nursing by establishing and maintaining minimum requirements for schools of nursing.
2. To require within each school a continuous evaluation process for improvement.
3. To provide to graduates assurance of eligibility to apply for admission to the licensing examination.

B. PROCESSES

1. PREREQUISITE APPROVAL

An institution seeking to establish a school of nursing or off campus/satellite program shall submit a letter of intent to the Board of Nursing.

- a. The institution must submit a recent feasibility study, signed by the appropriate administrative officers, which includes but is not limited to the following:
 - 1) Purpose for establishing a school.
 - 2) Type of educational program to be established.
 - 3) Relationship to the controlling institution.
 - 4) Philosophy, purposes and accreditation status of the controlling institution.
 - 5) Financial resources for the program.
 - 6) Need and readiness of the community to support the program.
 - 7) Source of potential students and faculty.
 - 8) Proposed clinical facilities for student experiences.
 - 9) Other schools using proposed clinical facilities.
 - 10) Proposed physical facilities.
 - 11) Availability of the general education component of the curriculum.
 - 12) Timetable for initiating the program.
- b. A representative of the Board shall conduct a survey to validate the information submitted in the feasibility study.
- c. The survey report and the materials from the institution shall be submitted to the Board.
- d. The institution shall be advised of the Board's decision.

2. INITIAL APPROVAL

- a. The institution shall secure a director for the program.
- b. Responsibilities of the director shall include the following:
 - 1) Program planning.
 - 2) Detailed budget preparation.
 - 3) Employment of qualified faculty.
 - 4) Preparation of a school organizational chart showing institutional control, relationships and lines of authority.
 - 5) Securing consultation with demonstrated evidence of visits.
 - 6) Statement of philosophy and purpose.
 - 7) Curriculum and objectives.

- 8) Student and faculty welfare.
- 9) Evaluation process.
- 10) Agency contracts.
- c. Representatives of the Board shall meet periodically with the director and faculty of the school. Consultation by representatives of the Board will be available upon written request from the director.
- d. The director must submit to the Board written evidence of readiness of the program to admit students.
- e. A representative of the Board shall conduct a survey to validate the information submitted by the director.
- f. The report of the surveyor's findings shall be submitted to the Board.
- g. The Board's decision shall be communicated to the institution.
- 3. FULL APPROVAL
 - a. A survey visit for Full Approval of the school shall be made by a representative of the Board prior to the graduation of the first class.
 - b. The surveyor's findings shall be shared with the school for corrections and additions. A written report of the survey visit shall be presented to the Board for its decision. Representatives of the school may attend the Board meeting when the program is reviewed.
 - c. A written report of the survey visit and a statement of the Board's decision shall be provided to the director of the school with copies to the administrator of the controlling institution.
 - d. A survey shall be conducted within three (3) years after Full Approval is granted. Surveys thereafter shall be in accordance with Continued Full Approval requirements.
- 4. CONTINUED FULL APPROVAL

Continued Full Approval is granted to the school which continues to meet the minimum requirements. The decision of the Board is based on survey visits, annual reports, conferences, and correspondence. A school survey shall be conducted at least once every five (5) years. A survey shall be conducted prior to a possible change in a school's approval status.
- 5. CONDITIONAL APPROVAL
 - a. A school shall receive written notice and the recommendations of the Board when Conditional Approval is given. The school may make a written request to the Board to change the status of the school when it can be demonstrated that the deviations from mandatory requirements have been corrected. Unless otherwise determined by the Board, a period of one (1) year shall be the maximum time allowed for the correction of deviations resulting in Conditional Approval.
 - b. Any school failing to correct the deviations resulting in Conditional Approval shall be discontinued as a State Board approved school of nursing.
 - 1) Upon withdrawal of Approval, the Board will give public notice to students that as graduates of that school, they will not be eligible for admission to the licensing examination.
 - 2) It shall be the responsibility of the school to assist students in transferring to a school which has State Board approval.
 - 3) To reestablish approval, the school must meet the same requirements necessary for establishing a school of nursing.
- 6. All off-campus programs must be approved by the Board before implementation.

**SECTION II
PROGRAM REQUIREMENTS**

A. ADMINISTRATION AND ORGANIZATION

1. INSTITUTIONAL ACCREDITATION

The controlling institution of a school shall be approved/accredited by the appropriate state and regional bodies, or must demonstrate progress in securing approval/accreditation by these bodies.

2. INSTITUTIONAL ORGANIZATION

- a. The controlling institution shall be a post-secondary educational institution, a hospital, or a consortium of such institutions appropriate to the purpose and implementation of the nursing education program.
- b. An institutional chart or plan shall show the relationship of the school of nursing to other departments, and indicate appropriate channels of communication. Schools of nursing shall have equal status with other educational units within the controlling institution.

3. SCHOOL ORGANIZATION

- a. There shall be a school organizational chart or plan showing appropriate lines of authority and communication within the school.
- b. There shall be written agreements between the school and cooperating agencies utilized for educational experiences. Such agreements must specify their respective responsibilities and must be reviewed annually.

B. PHILOSOPHY/MISSION AND GOALS/OBJECTIVES

1. The program shall have a mission or philosophy consistent with that of the controlling institution.
2. The program shall have goals/objectives which are clearly stated, consistent with the mission/philosophy, and describe the competencies of the graduate.
3. The mission/philosophy and goals/objectives shall be used by the faculty in planning, developing, implementing and evaluating the total program.

C. FINANCIAL RESOURCES

1. There shall be financial support to provide stability, development and continuation of the program.
2. The director shall be responsible for budget recommendations and administration within general institutional policies.

D. EDUCATIONAL RESOURCES

1. CLASSROOMS AND LABORATORIES

- a. Classrooms, laboratories and conference rooms shall be available at the time needed, adequate in size, number and type and appropriate to the number of students and the educational purposes.
- b. Acoustics, lighting, ventilation, heating and cooling, seating arrangement, location, plumbing, equipment, storage and safety provisions shall be adequate for the educational purposes.

2. LIBRARY AND LEARNING RESOURCES

- a. The library shall be under the direction of a qualified librarian.
- b. Library and learning resources shall be appropriate for the purpose of the program and number of faculty and students.
- c. Holdings shall be conveniently available and accessible to students and faculty.
- d. Holdings shall be comprehensive, current, and appropriate in number and type.

3. OFFICES

- a. Faculty offices shall be available, accessible and adequate in size, number and type to provide for uninterrupted work and privacy for conferences with students.
- b. There shall be adequate office space for clerical staff.
- c. There shall be adequate space and security for records, files and equipment.
- d. There shall be office equipment and supplies adequate to meet the needs of faculty and office personnel.

4. CLINICAL FACILITIES

- a. Agencies providing learning experiences shall be approved/accredited by the appropriate bodies.
- b. Clinical facilities shall be available and adequate to provide planned educational experiences essential to the achievement of course and program goals/objectives.
- c. There shall be cooperative planning when a clinical facility is used by more than one student group.
- d. All clinical facilities must be approved by the Board's representative.

E. PERSONNEL

1. DIRECTOR

The director, at the time of appointment, shall:

- a. Hold a current license to practice as a registered nurse in the State of Arkansas.
- b. Have a master's degree with a major in nursing.
- c. Have a workload which allows for adequate time to conduct relevant duties and responsibilities.

2. FACULTY

- a. Nurse faculty shall:
 - 1) Hold a current license to practice as a registered nurse in the State of Arkansas.
 - 2) Demonstrate continuing competence in teaching, curriculum development and nursing as shown by participation in academic study, continuing education, clinical practice or other appropriate activities.
 - 3) Participate in faculty development.
- b. Full time nurse faculty members shall have at least a baccalaureate degree in nursing with additional preparation and/or experience in the area of teaching.
- c. Faculty with major responsibility in a clinical area should have at least a master's degree. It is recommended that graduate preparation in a variety of institutions be represented.
- d. The faculty:student ratio in clinical or class shall be consistent with sound educational practice, the curriculum pattern, the number of clinical facilities utilized, and the preparation of nursing faculty.
- e. Faculty shall be readily available for consultation with students and preceptors during preceptorial experiences.
- f. Non-nurse faculty shall meet the requirements of the institution in education and experience in their field of specialization.
- g. There shall be a plan to enable faculty to participate in ongoing program development and achievement of school goals. Minutes of the meetings, which include actions and decisions, shall be on file.

3. PERSONNEL POLICIES

- a. The policies shall be consistent with policies applying to faculty in other departments of the institution.
- b. Policies specific to the school shall be developed with faculty input.
- c. Responsibility for each position shall be clearly stated in writing. Each employee shall have a copy.

4. STAFF

There shall be secretarial and clerical staff sufficient to meet the needs of administrative and instructional personnel.

F. STUDENTS

1. There shall be written policies and criteria within the school for selection, admission, progression and graduation of students.
2. High school graduation, or the equivalent as determined by the appropriate educational agency, shall be an admission requirement.
3. There shall be provision for a counseling and guidance program separate from nursing faculty.
4. There should be student participation in appropriate administrative and instructional planning.
5. An itemized list of fees charged to students shall be printed in the school bulletin or attached as an addendum. The list shall specify the purpose of each fee.
6. Student records shall be kept in accordance with the policy of the controlling institution.

G. CURRICULUM

1. ORGANIZATION

- a. The development of the curriculum shall be the responsibility of the faculty.
- b. There shall be an organized pattern which reflects the philosophy/mission and facilitates achievement of the goals/objectives of the school.
- c. The choice and placement of courses, and selection and organization of learning experiences shall provide for continuity, sequence and integration in the total curriculum.

2. IMPLEMENTATION

- a. Courses shall be consistent with the objectives of the program and contribute to essential nursing knowledge, skills and socialization.
- b. The curriculum shall prepare the graduate for practice as a registered nurse.
 - 1) BIOLOGICAL AND PHYSICAL SCIENCE — content shall be drawn from anatomy, physiology, chemistry, physics, microbiology, nutrition, pharmacology and mathematics.
 - 2) BEHAVIORAL SCIENCES AND HUMANITIES — content shall be drawn from psychology, sociology, anthropology, normal growth and development, interpersonal relationships, communication, and English.
 - 3) NURSING — content shall include major health problems of society; persons of all age groups; the promotion and maintenance of health; the prevention, detection and treatment of disease; rehabilitation; and assessing, planning, implementing and evaluating nursing care. Historical development of the profession, delegation of tasks and the ethical, legal and professional obligations of the registered nurse shall be included.
 - 4) Opportunities shall be provided which will enable students to develop competence in giving all phases of care in medical, surgical, obstetric, psychiatric, pediatric and geriatric nursing.
 - 5) Community health and/or public health nursing courses and experience shall be included in baccalaureate programs.

3. PRECEPTORIAL LEARNING ACTIVITIES

Preceptorial learning activities may be included in a curriculum when the following criteria are met:

- a. Prior to the preceptorial learning activity, appropriate prerequisite learning shall have occurred;
 - b. The student shall be enrolled in the course in which the preceptorial learning activity occurs and shall not be reimbursed for nursing services by the agency during this time;
 - c. The selection, approval, and role development of preceptors shall be documented in writing;
 - 1) The preceptor shall be a currently licensed nurse according to the law in Arkansas (or the state/country in which the employing agency is located);
 - 2) The preceptor shall have at least one year of work experience, preferably hold the same or higher educational credential as that being sought by the student, and be able to facilitate student learning.
 - 3) Prior to and throughout the preceptorial learning activities, faculty shall interact with preceptors, individually or in groups, to clarify roles and the nature of the learning activities.
 - d. The preceptor shall be assigned no more than two students at any given time.
 - e. Each student shall have a designated faculty member who is responsible for the preceptorial learning activity in compliance with Section II.E.2.e.
4. **EXPERIMENTATION**
- a. Nursing faculty may develop a curriculum which differs in content and method from the usual patterns.
 - b. The director shall submit a proposal in writing to the Board for approval to implement the experimental curriculum.
 - c. Mandatory requirements remain in effect for experimental programs.

H. EVALUATION OF EDUCATIONAL EFFECTIVENESS

- 1. A plan for systematic evaluation of all aspects of the program shall be implemented.
- 2. The plan shall include but not be limited to the following areas: philosophy, curriculum, policies, resources, facilities, faculty, students and graduates.
- 3. The outcomes of systematic evaluation shall be used for ongoing development of the program.

I. REPORTS TO THE BOARD

1. ANNUAL REPORT

An annual report shall be submitted no later than December 1st of each year utilizing the format provided by the Board. The report shall include appointment and termination of faculty during the reporting period.

2. SPECIAL REPORTS

- a. The Board shall be notified in writing of major changes affecting the school.
- b. Major curriculum changes must be reported to the Board including, but not limited to, the following:
 - 1) Changes in philosophy/mission or goals/objectives which alter the present curriculum.
 - 2) Increase or decrease in the length of the program.
 - 3) Reorganization of the curriculum.

**SECTION III
CHANGE OF CONTROLLING INSTITUTION**

- A.** If ownership of an institution operating a school of nursing should change, the new governing body shall consult the Board for direction in continuing the program.
- B.** At the discretion of the Board's representative, a survey may be conducted and results presented to the Board for action.

**SECTION IV
CLOSING A SCHOOL**

A. METHOD

- 1. When the decision to close a school has been made, the director shall advise the Board and submit a written plan for the discontinuation of the program. The closure may be accomplished in one of two ways:
 - a. Students may be transferred to another approved school of nursing. The transfer should provide for minimum loss of student time.
 - b. The school may close gradually by discontinuing student admissions and officially closing the school on the date that the last student completes the program.
- 2. To prevent applications for admission, early public announcement of closing of the school shall be made.
- 3. All requirements must be maintained until the last student is transferred or has completed the program.

B. RECORDS

- 1. The controlling institution shall be responsible for maintaining custody of records in accordance with the policy for that institution.
- 2. The controlling institution shall notify the Board in writing of arrangements to maintain permanent student and graduate records and other pertinent documents.

**CHAPTER SEVEN
MINIMUM REQUIREMENTS FOR SCHOOLS
OF
PRACTICAL NURSING**

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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

BY _____

**SECTION I
APPROVAL**

A. PURPOSES

1. To insure safe practice of nursing by setting minimum requirements for the conduct and approval of programs that prepare practical nurses.
2. To assure graduates of their eligibility for admission to the licensing examination for practical nurses in Arkansas.
3. To evaluate programs of practical nursing in relation to their stated philosophy and objectives within a sound educational framework.
4. To encourage within each program self-evaluation for the development and improvement of its curriculum in nursing education.
5. To aid in the development and maintenance of cooperative relationships with licensing agencies of other states.

B. PROCESSES

1. INITIAL APPROVAL
 - a. Any institution wishing to establish a program or off campus/satellite program of practical nursing shall make written request to the Board. One or more members or representatives of the Board shall study the proposed program, survey the facilities, and report findings to the Board.
 - b. The program will receive Initial Approval from the Board upon satisfactory evidence of ability to establish and maintain a program. Students may be admitted only after Initial Approval is given.
 - c. Such programs must show proof of merit for Full Approval. A minimum of six months shall be required.
2. FULL APPROVAL
 - a. The program which has met the requirements as established by the Board is granted Full Approval.
 - b. Any program to which students are not assigned during a twelve-month period shall automatically forfeit approval. Should the institution again desire to admit students, application shall be made to the Board.
 - c. Any program not assigning students to a clinical facility for twelve months shall renegotiate the contract.
3. CONDITIONAL APPROVAL

This approval may be accorded to any program previously having Initial or Full Approval if conditions within the program are found to be unsatisfactory. Recommendations for improvement shall be met within allotted time set by the Board to avoid termination.
4. TERMINATION OF APPROVAL

The Board may withdraw any type of approval from any program if survey visits/reports identify continuing deficiencies within the allotted time.
5. Off-campus programs must be approved by the Board before implementation.

SECTION II PHILOSOPHY AND OBJECTIVES

- A.** The philosophy and objectives of the practical nursing program shall be consistent with the overall philosophy and objectives of the sponsoring institution of which the nursing program is a part.
- B.** The philosophy and education objectives of the program shall be formulated and adopted by the practical nursing faculty.
- C.** Philosophy and objectives shall serve as a guide for the development, conduct and evaluation of the nursing curriculum.

SECTION III ADMINISTRATION AND ORGANIZATION

A. ADMINISTRATION

- 1. Nursing programs shall be established in institutions or agencies approved by appropriate bodies.
- 2. Programs may be public or private.
 - a. Public education programs are administered through the Board of Education and/or other educational institutions and receive financial assistance from local, state and federal funds.
 - b. Private programs are administered and financed by nonpublic hospitals or other private educational institutions.

B. ORGANIZATION

The program of practical nursing should be an integral part of the structure and organization of the sponsoring institution.

- 1. **PROGRAM**
Functional relationships between the practical nursing program and overall administration shall be clearly defined on an organizational chart and reflected in job descriptions.
- 2. **CHAIRMAN OF PROGRAM**
All schools of practical nursing shall have a chairman who shall be a registered professional nurse.
- 3. **FINANCES**
There shall be evidence that there is a stable source of funds allocated and budgeted for the effective operation of the program.

SECTION IV RESOURCES, FACILITIES, AND SERVICES

A. CLINICAL FACILITIES

Clinical facilities providing clinical laboratory experiences to meet the stated educational objectives of the practical nursing program must have:

- 1. A stable and adequate staff of professional and practical nurses and auxiliary personnel to insure safe care of patients.
- 2. A registered nurse in charge at all times to direct and supervise the practical nurses and auxiliary personnel.

3. A well planned inservice program for professional nurses, practical nurses and auxiliary personnel.
4. Job descriptions for all personnel, prepared and used for assignment purposes.
5. Adequate number and variety of patients for clinical experiences in each clinical service.
6. Available resources for education, such as conference area, library and resource materials.

B. CONTRACTS

The sponsoring institution shall establish formal relationships with clinical facilities.

1. Sponsoring institutions shall enter into a written agreement with the clinical facility with respect to the objectives and plans of the program. The plan must guarantee supervision of the student practical nurse by a registered nurse on all tours of duty. Approval of these agreements must be secured from the Board's representative before clinical experience is begun. A copy of the current agreement shall be signed by the chairman of the nursing program, director of nursing service, and the administrator of the clinical facility, and be on file in the school and the clinical facility.
2. Relationships shall be entered into after thorough study and joint planning.
3. The clinical facility shall release the student from the clinical laboratory area for observational experiences as a part of the planned learning experience.

C. HEALTH CARE FACILITIES

1. HOSPITALS

All hospitals in which student practical nurses receive their clinical experience shall:

- a. Be approved by the Joint Commission on Accreditation or other appropriate agency.
- b. Have a combined daily average of not less than twenty-five (25) patients.
- c. Provide major clinical laboratory areas for any of the following:
 - (1) Adult patients with medical and surgical conditions.
 - (2) Mothers and infants.
 - (3) Child care.

2. LONG TERM CARE FACILITIES

Long term care facilities must be approved by the Office of Long Term Care or other appropriate bodies.

3. AMBULATORY CARE FACILITIES

- a. Contract not necessary for observational experience.
- b. Contract necessary for clinical experience.

D. EDUCATIONAL FACILITIES

Facilities necessary for educational programs are:

1. Library with current books and periodicals; classrooms; laboratories with teaching materials; and office space for instructors and clerical help adequate to meet the needs of the program.
2. Adequate space for equipment, supplies, records, practice laboratories, lounge and storage areas.

E. INFORMATION

Information about the practical nursing program shall be provided by the sponsoring institution.

SECTION V PERSONNEL

A. ADMINISTRATIVE

The sponsoring institution shall provide general administrative leadership and a qualified practical nursing faculty.

B. The faculty of the program in practical nurse education shall be adequate in number and in qualifications to conduct the nursing curriculum.

1. The chairman should have a minimum of a baccalaureate degree, a broad educational background and nursing experience which prepares for leadership, and shall be currently licensed as a registered nurse in Arkansas.
2. Major responsibility of the chairman shall be the administration of the nursing program with the teaching load adjusted accordingly.
3. The instructor should have a nursing experience background and shall be currently licensed as a registered nurse in Arkansas.
4. Major responsibility of the instructor shall be teaching and supervising students as defined by the job description.
5. A licensed practical nurse may serve as an assistant clinical instructor under the supervision of the registered nurse instructor. The assistant instructor shall hold a current license as a licensed practical nurse in the State of Arkansas.
6. Clerical services shall be provided to meet the needs of the program.

C. FACULTY

1. The faculty shall set admission standards and the requirements for graduation in accordance with the policies of the Arkansas State Board of Nursing.
2. The faculty shall provide learning experiences for progression of students which are consistent with the objectives of the program.
3. The faculty shall be responsible for the planning and implementation of all phases of the program.
4. The faculty shall be responsible for nursing education, including classroom teaching, and teaching and supervision in the clinical laboratory area.
5. Faculty shall be readily available for consultation with students and preceptors during preceptorial experiences.

D. FACULTY ORGANIZATION

This organization shall have written policies and rules of procedure established by the faculty and in harmony with the philosophy and objectives of the program. All members of the faculty shall participate in the activities of the organization.

SECTION VI STUDENTS

A. SELECTION OF STUDENTS

1. Policies and procedures used by the faculty in the selection of students for admission to the practical nursing program should consider scholastic and nursing aptitude, academic achievement, physical and emotional health.
2. High school graduation shall be an admission requirement. GED or American School are acceptable equivalencies.

B. SCHOOL BULLETIN

1. The publication should be current and dated.
2. The publication should include:
 - a. The philosophy and objectives of the program.
 - b. The approval status as granted by the Arkansas State Board of Nursing.
 - c. The curriculum plan.
 - d. The cost to student.
 - e. The scholarship and loan funds.
 - f. The admission requirements.
 - g. Entrance dates of classes.
 - h. Other information as recommended by the faculty.

C. ADVANCED STANDING

Advanced standing may be granted for previous educational experience by granting credit for specific courses through testing, i.e., teacher-made final examinations, practical examinations, achievement tests.

D. TRANSFER OF STUDENTS

Transfer of students may be accepted. The school shall evaluate transcript of work completed for transfer of specific course credits.

**SECTION VII
RECORDS AND REPORTS**

A. RECORDS

A record system essential to the operation of the program shall be maintained. Records should be safely stored to prevent loss by destruction and unauthorized use.

1. Record forms specifically for the school of nursing shall be selected by the practical nursing faculty and shall include:
 - a. Student records.
 - b. Faculty records.
 - c. General records, including minutes of faculty meetings, reports to controlling board, follow-up studies of graduates, etc.
2. CUSTODY OF RECORDS

When a school closes, the sponsoring institution receiving the financial support for the school shall be responsible for the safekeeping of the student records.

If the sponsoring institution also closes, legal advice should be obtained concerning the permanent safekeeping of the records of the program.

The Arkansas State Board of Nursing shall be informed concerning the placement of these records.

B. RECORDS REQUIRED TO BE FILED IN THE BOARD OFFICE

1. FACULTY RECORDS

Each newly appointed faculty member shall file a record of preparation and experience on forms provided by the Board. The Board should be informed of additional preparation acquired by each faculty member after the initial record is submitted.

2. ANNUAL REPORTS

Programs shall submit to the Board an annual report no later than December 1st of each year utilizing the format provided by the Board. The report shall also indicate any changes in the faculty.

3. CONTRACTS

Clinical facilities shall enter into a written agreement with the sponsoring institution with respect to the objectives and plans of the program. A copy of the current agreement shall be signed by the chairman of the nursing program, director of nursing service, and the administrator of the clinical facility.

4. STUDENT FINAL RECORDS

Student final records, which are supplied by the Board, or transcripts provided by the institution, shall be submitted for all graduates who qualify to take the examination in Arkansas as soon as they have completed the curriculum. The student final record or transcript shall include statements of credit or clock hours of instruction and clinical practice per course satisfactorily completed, bear the impression of the school seal, and the signature of the chairman of the program or registrar.

Student final records and applications shall not be notarized prior to the date of completion of the program and must be submitted to the Board office.

SECTION VIII CURRICULUM

The entire curriculum should be so designed that qualified individuals are prepared to meet community nursing needs and to perform those functions which are generally recognized as being within the scope of practical nursing and where skill of registered nurses is not required. The purpose of the curriculum is to guide administrative and instructional staff in achieving the objectives of the school.

A. CURRICULUM PLAN

The purpose of the curriculum is to provide a plan of action. It offers the teacher direction as well as being a guide to persons responsible for selection of students, teachers, and educational resources.

1. The nursing curriculum shall be organized to provide selected and supervised learning experiences to help the student acquire the knowledge, skills and attitudes essential for beginning practice as a practical nurse.
2. The curriculum shall adhere to and implement the stated philosophy and objectives.
3. The curriculum shall follow an organized pattern presenting pertinent knowledge, skills, and attitudes for successive learning experiences appropriate to the student's stage of advancement.
4. The curriculum plan shall include:
 - a. A rotation plan showing placement of courses and experience for the entire program.
 - b. A minimum of 560 hours of instruction.
 - c. The relationship of theory and clinical laboratory experience which implies concurrent teaching controlled and supervised by the faculty in the educational unit.
 - d. Course outlines, including learning experiences to be used in teaching and the planning for the correlation of the theory and clinical practice, shall be readily available to all faculty and clinical facilities.

5. PRECEPTORIAL LEARNING ACTIVITIES

Preceptorial learning activities may be included in a curriculum when the following criteria are met:

- a. Prior to the preceptorial learning activity, appropriate prerequisite learning shall have occurred;

- b. The student shall be enrolled in the course in which the preceptorial learning activity occurs and shall not be reimbursed for nursing services by the agency during this time;
- c. The selection, approval, and role development of preceptors shall be documented in writing;
 - (1) The preceptor shall be a currently licensed nurse according to the law in Arkansas (or the state/country in which the employing agency is located);
 - (2) The preceptor shall have at least one year of work experience, preferably hold the same or higher educational credential as that being sought by the student, and be able to facilitate student learning.
 - (3) Prior to and throughout the preceptorial learning activities, faculty shall interact with preceptors, individually or in groups, to clarify roles and the nature of the learning activities.
- d. The preceptor shall be assigned no more than two students at any given time.
- e. Each student shall have a designated faculty member who is responsible for the preceptorial learning activity in compliance with Section V.C.5.

B. PROGRAM REQUIREMENTS

Programs in practical nursing shall comply with the following minimum requirements:

- 1. **LENGTH OF PROGRAM** - The Practical nurse program shall be a minimum of 560 theory clock hours and 768 clinical clock hours or the equivalent in credit hours. Vacation and holidays shall be consistent with the policies of the sponsoring institution.
- 2. **SICK LEAVE** - Time off allowed shall be determined by the program.
- 3. **EVENING AND NIGHT** - After completion of the first sixteen (16) weeks, students may have evening or night experience at the discretion of the practical nurse faculty.
- 4. **LEARNING EXPERIENCES** - Clinical experiences shall consist of a minimum of 768 clock hours of supervised practice or the equivalent in credit hours.

Total learning experiences shall consist of not more than 40 hours per week. Concurrent instruction of theory and practice is recommended. The faculty shall be responsible for all the learning experiences of the student and for the adequate supervision of practice throughout the entire curriculum. Patient census must be sufficient in each area to permit meaningful assignment to each student.

C. CURRICULUM

Differing curricula patterns may be developed, but the principle of planning a progressive sequence of learning opportunities for students of practical nursing will be common to all. Any program may choose to integrate a specific course throughout the curriculum; however, course outlines must show how all areas of content are included.

Broad areas of content are suggested which may be adapted to the individual programs. The following course content may be combined in other ways or under other titles. (Equivalent credit hours are listed in parentheses.)

INSTRUCTION AND EXPERIENCE

	THEORY CLOCK HOURS	CREDIT HOURS	CLINICAL CLOCK HOURS	
VOCATIONAL, LEGAL AND ETHICAL CONCEPTS This includes personal development; ethical, legal and social responsibilities with the patient, family and coworkers; communication skills; vocational responsibilities of the practical nurse; nursing organizations; local, state and national health resources; and the concept of delegation appropriate to the level of practice.	16	(1)		
BODY STRUCTURE AND FUNCTION This includes anatomy and physiology of the human body in all its systems — a foundation for understanding the principles of maintaining positive health, as well as understanding the deviations from normal.	64	(4)		
NURSING OF THE GERIATRIC PATIENT This includes the normal aging process, characteristics of aging, special problems associated with aging, and experience in the care of the aging patient.	16	(1)	48	(1)
NUTRITION IN HEALTH AND ILLNESS This course includes the principles of good nutrition for all age groups and the principles of modifications for therapeutic purposes. Nutrition concepts are to be integrated throughout the entire curriculum.	32	(2)		
BASIC NURSING PRINCIPLES AND SKILLS This includes the fundamental principles, skills and attitudes needed to give nursing care and prevent spread of disease; common procedures used in the care of the sick and the development of the ability to adapt them to various situations with skill, safety, and comfort for the patient; first aid and CPR; and the development of an awareness of responsibility to make, report and record observations.	160	(10)	96	(2)
NURSING OF ADULT PATIENTS WITH MEDICAL AND SURGICAL CONDITIONS This includes information about common conditions of illness and nursing care of patients in acute, subacute or convalescent stages of illness, of both short and long term duration, including nutrition and administration of drugs.	128	(8)	504	(10.5)
NURSING OF CHILDREN This includes the principles of growth and development; nursing the infant through adolescence; the behavior of well and sick children. Observation and experience may be found in the nursery, physicians' offices, well-child conferences and other agencies.	32	(2)	48	(1)

NURSING OF MOTHERS AND INFANTS This includes the principles and practices of nursing care during prenatal, labor, delivery, post partum and neonatal periods.	32	(2)	72	(1.5)
MENTAL HEALTH AND CARE OF MENTALLY ILL Includes an introduction of common conditions of mental illness, prevention of such conditions, and the care of patients suffering from abnormal mental and emotional responses. (Mental hygiene aspects should be integrated throughout the course.)	16	(1)		
PHARMACOLOGY This includes a brief history of drugs, methods of administration, drugs commonly used in the treatment of illness, and such information as usual dosages, expected actions, side effects, contraindications, and points of observation following the administration of drugs. Formulas for conversion of measures from the apothecary to the metric system, as well as formulas for calculations of dosages for infants and children are included.	64	(4)		
TOTALS	560	(35)	768	(16)
	THEORY HOURS		CLINICAL HRS	

SECTION IX EVALUATION

- A.** The curriculum will be affected by social and technological changes; therefore, periodic review is indicated to determine adequacy and possible need for revision.
 1. The study, development, implementation and evaluation of the nursing curriculum shall be the responsibility of the practical nursing faculty.
 2. Cooperative planning, problem solving and evaluation by the members of the nursing faculty and the personnel of the clinical facilities are essential for the effective conduct of the program.
- B.** The curriculum shall be continuously evaluated.
 1. The degree to which the program accomplishes its objective shall be determined by effective and continuous evaluation of instructional procedures, learning experiences, student progress, and nursing competence of the graduates.
 2. There shall be provision for student participation in the evaluation of his/her own learning experience.
 3. Appropriate records shall be maintained to assist in the evaluation of the educational program.
 4. There should be provisions for student participation in assessing, planning, implementing and evaluating nursing care.

**SECTION X
PROGRAM VARIATION**

Flexibility and experimentation in the development, implementation, and evaluation of programs is encouraged. Major curriculum changes and minimum requirement variations will be considered and must be approved by the Arkansas State Board of Nursing or the Board's representative.

**SECTION XI
CHANGE OF CONTROLLING INSTITUTION**

- A.** If ownership of an institution operating a program of nursing should change, the new governing body shall consult the Board for direction in continuing the program.
- B.** At the discretion of the Board's representative, a survey may be conducted and results presented to the Board for action.

CHAPTER EIGHT
MINIMUM REQUIREMENTS FOR SCHOOLS
OF
PSYCHIATRIC TECHNICIAN NURSING

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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

SECTION I
APPROVAL

BY _____

Any institution considering the establishment of a program or off campus/satellite program in psychiatric technician nursing shall first inform the Board and seek counsel of the Board.

A. INITIAL APPROVAL

1. Any institution wishing to establish a program of psychiatric technician nursing shall make written request to the Board, stating in detail the philosophy and objectives of the proposed program and its plan for achieving them. A representative of the Board shall study the proposed program, survey the facilities, and report findings to the Board.
2. Satisfactory evidence of ability to establish and maintain a program is required to be eligible for Initial Approval. Students may be admitted only after Initial Approval is granted.

B. FULL APPROVAL

1. A survey visit for Full Approval of the school shall be made by a representative of the Board prior to the graduation of the first class.
2. A program which has met the minimum requirements as established by the Board may be granted Full Approval.
3. A survey visit for Continued Full Approval shall be conducted at least every three (3) years.
4. Approval is reviewed and renewed for all schools that continue to meet the minimum requirements. The decision of the Board is based on survey visits, annual reports, conferences and correspondence.
5. Any school which does not admit students during a twelve (12) month period shall automatically forfeit approval. Should the school again desire to admit students, application for Initial Approval shall be made to the Board.

C. CONDITIONAL APPROVAL

1. A school shall receive written notice and the recommendations of the Board when Conditional Approval is given. The school may make a written request to the Board to change the status of the school when it can be demonstrated that the deviations from mandatory requirements have been corrected. Unless otherwise determined by the Board, a period of one (1) year shall be the maximum time allowed for the correction of deviations resulting in Conditional Approval.
2. Any school failing to correct the deviations resulting in Conditional Approval shall be discontinued as a State Board approved school of psychiatric technician nursing.
 - a. Upon withdrawal of approval, the Board shall give public notice to students that as graduates of that school, they will not be eligible for admission to the licensing examination.
 - b. It shall be the responsibility of the school to assist students in transferring to a school which has State Board approval.

- c. To reestablish approval, the school must meet the requirements necessary for establishing a school of psychiatric technician nursing.
- D. Off-campus and satellite programs must be approved by the Board before implementation.

SECTION II PHILOSOPHY AND OBJECTIVES

- A. The school shall have a statement of philosophy that is consistent with the philosophy of the controlling institution.
- B. The objectives shall be clearly stated, consistent with the philosophy and shall describe competencies of the graduate.
- C. The philosophy and objectives shall be used by the faculty in the development, implementation and evaluation of the total curriculum.
- D. The curriculum shall prepare the graduate for the practice of nursing as a licensed psychiatric technician nurse.

SECTION III ADMINISTRATION AND ORGANIZATION

- A. The school shall be established in an institution approved by appropriate bodies.
- B. The school shall have comparable status with other educational units within the institution.
- C. The controlling institution shall be responsible for the administration of the school, and shall provide general administrative leadership, a qualified nurse administrator and qualified faculty.
- D. There shall be a written job description for each type of faculty position. Each employee shall receive a copy of the job description.
- E. An organizational chart or plan shall show the relationship of the school of nursing to other departments and indicate appropriate channels of communication.
- F. The director of the program shall notify the Board in writing of changes in policies directly related to and affecting the school.

SECTION IV RESOURCES, FACILITIES AND SERVICES

A. EDUCATIONAL FACILITIES

- 1. Classrooms, laboratories and conference rooms shall be available at the time needed, and shall be adequate in size, number and type according to the number of students and the educational purposes for which the rooms are to be used.
- 2. Adequate library facilities shall be provided for the faculty and students. Physical arrangement, usefulness, scope and currency of books, audiovisuals and periodicals shall be appropriate for the purpose of the program and the number of faculty and students. The library shall be available for use at times most suitable for students and faculty.

B. OFFICES

- 1. Offices shall be available and adequate in size, number and type to provide faculty with opportunity for uninterrupted work and privacy for conferences with students.

2. There shall be adequate space for clerical staff, records, files and other necessary equipment.

C. CLINICAL FACILITIES

1. Clinical facilities shall be available and adequate in size to provide learning experiences essential to the achievement of the stated objectives of the program.
2. The faculty and clinical facility personnel shall cooperate in planning and implementing student clinical experiences.
3. Patient census must be sufficient in each area to permit meaningful learning experiences for each student.

D. CONTRACTS

The controlling institution shall establish formal relationships with clinical facilities.

1. The controlling institution shall enter into a written agreement with the clinical facility with respect to the objectives and plans of the program. The plan must guarantee supervision of the student psychiatric technician nurse by a registered nurse at all times. Approval of these agreements must be secured from the Board's representative before clinical experience is begun. A copy of the current agreement shall be signed by the director of the nursing program, director of nursing service and the administrator of the clinical facility, and be on file in the school and the clinical facility.
2. Contracts are not necessary for observational experiences.
3. Contracts shall be entered into after thorough study and joint planning.
4. The clinical facility shall release the student from the clinical laboratory area for observational experiences as a part of the planned learning experience.

SECTION V PERSONNEL

A. PROGRAM DIRECTOR

1. The director shall hold a current Arkansas license as a registered nurse with a minimum of a bachelor's degree in nursing.
2. The director's major responsibility shall be the administration of the program. The director shall not serve in a dual position as director of nursing service.

B. FACULTY

1. The faculty of the school shall be adequate in number and qualifications to conduct the program.
2. Instructors shall be currently licensed as registered nurses in Arkansas.
3. A licensed psychiatric technician nurse may serve as a clinical instructor under the supervision of the director of the program.
4. The clinical instructor shall hold a current Arkansas license as a licensed psychiatric technician nurse.
5. The faculty's major responsibility shall be teaching and supervision of students.
6. The faculty shall provide learning experiences in proper sequence for progression of students. These experiences shall be consistent with the objectives of the program.
7. The faculty shall be responsible for planning, implementing and evaluating all phases of the program.
8. The faculty shall be responsible for the coordination of classroom and clinical experience.

9. Faculty shall be readily available for consultation with students and preceptors during preceptorial experiences.
10. The faculty shall recommend for graduation candidates who have successfully completed the program.
11. The faculty shall have the prerogative to terminate those students who do not demonstrate the ability to complete the program.

C. CLERICAL STAFF

There shall be adequate clerical staff to achieve the objectives of the program.

SECTION VI STUDENTS

A. SELECTION OF STUDENTS

1. Final selection of students shall be made by the faculty of the school.
2. There shall be written policies and criteria developed within the school for selection, admission, progression, and graduation of students.
3. Applicants must have completed an approved high school or the equivalent.
4. The faculty may determine previous knowledge and skills and grant an applicant advanced standing for any portion of the curriculum.

B. ABSENTEEISM

Policies regarding absenteeism shall be determined by the faculty.

C. VACATION TIME

Student vacation time shall be planned by the faculty and be reflected in the master rotation plan for the class.

D. SCHOOL BROCHURE

A school brochure should be current and dated. The publication should include:

1. School philosophy and objectives;
2. Approval status as granted by the Board;
3. Sequence of courses;
4. Program cost to student;
5. Scholarship and loan information;
6. Admission requirements;
7. Entrance dates; and
8. Other information as determined by the faculty.

SECTION VII RECORDS AND REPORTS

A. RECORDS REQUIRED

A record system essential to the operation of the school shall be maintained. Records shall be safely stored to prevent loss by destruction and unauthorized use.

1. Special forms shall be selected by the faculty and shall include:
 - a. Student records
 - b. Faculty records.

2. General records, including minutes of faculty meetings and reports to the Board, shall be maintained by the school.
3. Proof that each student has completed an approved high school or the equivalent shall be on file.

B. CUSTODY OF RECORDS

1. When a school closes the controlling institution shall be responsible for the safekeeping of student records.
2. If the controlling institution also closes, legal advice should be obtained concerning the permanent safekeeping of school records.
3. The Board shall be informed concerning the placement of these records.

C. REPORTS REQUIRED TO BE FILED IN THE BOARD OFFICE

1. ANNUAL REPORTS

An annual report shall be submitted no later than December 1st of each year utilizing the format provided by the Board. The report shall indicate any changes in the faculty.

2. SPECIALTY REPORTS

- a. Each faculty member shall file a record of preparation and experience on forms provided by the Board. The Board should be informed of additional preparation acquired by a faculty member after the initial record is submitted.
- b. A list of all students shall be submitted to the Board no later than ten (10) days after admission; other reports are required as requested by the Board.
- c. Student final record forms are furnished by the Board. These shall be submitted for all graduates who qualify to take the examination in Arkansas as soon as they have completed the program. The student final record shall include theory and clinical course hours completed. The record shall bear the school seal and the signature of the director of the school.

Student final records and applications shall not be notarized prior to the date of completion of the program and must be submitted to the Board office before the date of the licensing examination.

**SECTION VIII
CURRICULUM**

A. DEVELOPMENT AND ORGANIZATIONAL PLAN

1. The development of the curriculum shall be the responsibility of the faculty. There shall be an organized pattern which reflects the philosophy and facilitates the achievement of the objectives.
2. The choice and placement of the courses and the selection and organization of learning activities shall provide for continuity, sequence and integration in the total curriculum.

B. IMPLEMENTATION OF CONTENT

1. Courses may be taught separately or combined into larger courses.
2. Length, organization and placement of courses shall be consistent with the objectives of the program and shall contribute to the essential skills and understanding of nursing.
 - a. The following areas shall be considered essential:

Biological and Physical Science — Content shall be drawn from courses in anatomy and physiology, microbiology, nutrition, and pharmacology.

Behavioral Sciences — Content shall be drawn from courses in psychology, normal growth and development, interpersonal relationships, mental health, fundamental concepts of psychiatry and psychiatric nursing. Content shall also include an understanding of the historical development of the profession, and the ethical, legal, professional and social responsibilities of nurses.

Nursing — Content shall include the major health problems of society; persons in all age groups; the promotion and maintenance of health; the prevention, detection and treatment of disease; rehabilitation; assessing, planning, implementing and evaluating nursing care; and the concept of delegation appropriate to the level of practice.

- b. Opportunities shall be provided which will enable students to develop competence in giving all phases of nursing care to medical, surgical, psychiatric, obstetric, pediatric, geriatric and developmentally disabled patients.

3. There shall be concurrent instruction of theory and practice.

4. **PRECEPTORIAL LEARNING ACTIVITIES**

Preceptorial learning activities may be included in a curriculum when the following criteria are met:

- a. Prior to the preceptorial learning activity, appropriate prerequisite learning shall have occurred;
- b. The student shall be enrolled in the course in which the preceptorial learning activity occurs and shall not be reimbursed for nursing services by the agency during this time;
- c. The selection, approval, and role development of preceptors shall be documented in writing;
 - 1) The preceptor shall be a currently licensed nurse according to the law in Arkansas (or the state/country in which the employing agency is located);
 - 2) The preceptor shall have at least one year of work experience, preferably hold the same or higher educational credential as that being sought by the student, and be able to facilitate student learning.
 - 3) Prior to and throughout the preceptorial learning activities, faculty shall interact with preceptors, individually or in groups, to clarify roles and the nature of the learning activities.
- d. The preceptor shall be assigned no more than two students at any given time.
- e. Each student shall have a designated faculty member who is responsible for the preceptorial learning activity in compliance with Section V.B.9.

C. COURSE CONTENT

Course content shall include, but not be limited to the following:

	THEORY CLOCK HOURS	CLINICAL EXPERIENCE CLOCK HOURS
ANATOMY AND PHYSIOLOGY	40	
Body structure and functioning in man with emphasis on homeostasis and the interrelationship of body parts and systems.		
MICROBIOLOGY	10	
Influences, classes and diseases associated with microorganisms.		
PHARMACOLOGY	40	80
Pharmacologic agents and their use in the prevention, diagnosis, and treatment of illness, including dosage calculations and administration.		
NUTRITION	20	
Nutritive needs of the normal individual with emphasis on the roles of nutrients in the body.		
FUNDAMENTALS OF NURSING	96	152
Basic nursing knowledge and skills, including the wellness concept and the nursing process.		
PSYCHIATRIC NURSING	224	408
Psychosocial growth and development; therapeutic communication; interpersonal relationships; principles of mental health; and mental illness, including categories, signs and symptoms, treatment and nursing interventions.		
DEVELOPMENTAL DISABILITIES	30	60
Causes and prevention of developmental disabilities; symptoms and interventions, including habilitation, education and behavioral training.		
MEDICAL-SURGICAL NURSING	110	220
Utilization of the nursing process in the care of adults with physical illnesses.		
OBSTETRIC NURSING	30	60
Principles of nursing care during prenatal, labor, delivery, postpartum and neonatal periods.		
PEDIATRIC NURSING	20	40
Physical, mental and social growth and development from infancy through adolescence; diseases; treatment; and nursing intervention.		
GERIATRIC NURSING	30	60
Health problems of the aging population, including rehabilitative and restorative measures.		
TOTAL HOURS	650	1,080

D. CURRICULUM LENGTH

1. There shall be a minimum of six hundred fifty (650) clock hours in theory and one thousand eighty (1,080) clock hours of clinical experience.
2. A master student rotation plan shall reflect student clinical experience for the entire program.
3. The program should include two (2) hours of clinical conferences per week throughout the clinical period.
4. After completion of the first twelve (12) weeks, students may have evening or night experience at the discretion of the faculty.
5. There shall be faculty supervision of evening and night experience.

E. EXPERIMENTATION

1. Experimentation is permitted by the Board when educational principles are observed and there is a well qualified faculty which has the ability and the opportunity to develop a curriculum which may differ from the usual pattern in both content and method.
2. A director desiring to initiate an experimental program shall apply to the Board in writing for approval of the plan.

F. CHANGES IN CURRICULUM

Any anticipated change in curriculum shall be presented in writing and approved by the Board before implementation. This includes:

1. Changes in objectives which alter present curriculum;
2. Increase or decrease in length of program;
3. Reorganization of the curriculum; and
4. Changes in clinical facilities.

**SECTION IX
EVALUATION**

- A.** There shall be evidence of ongoing program and curriculum evaluation.
1. The degree to which the school accomplishes its objectives shall be determined by evaluation of instructional procedures, learning experiences, student progress and nursing competence of the graduates.
 2. There shall be provision for student participation in the evaluation of learning experiences.
- B.** Evaluation shall be reflected in the minutes of faculty meetings.

**SECTION X
CHANGE OF CONTROLLING INSTITUTION**

- A.** If ownership of an institution operating a school of nursing should change, the new governing body shall consult the Board for direction in continuing the program.
- B.** At the discretion of the Board's representative, a survey may be conducted and results presented to the Board for action.

CHAPTER NINE RULES OF PROCEDURE

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SHARON PRIEST
SECRETARY OF STATE
STATE OF KANSAS

SECTION I RULES UNDER THE NURSE PRACTICE ACT AND NOTICE

A. RULES UNDER THE NURSE PRACTICE ACT

This exposition of the Rules of Procedure formulated under the Administrative Procedure Act, as amended, ACA §25-15-201 et seq, does not effect a repeal of the provisions of the nurse practice act, its amendments and related laws, except insofar as these Rules of Procedure were formulated under provisions of law which specifically contravenes provisions of the nurse practice act, its amendments and related laws.

B. NOTICE — HEARING

Any such rule shall be made or amended only after a hearing upon notice as set forth in these Rules of Procedure.

SECTION II PRIOR RULES

PRIOR RULES — VALID

Rules of the Board formulated previously are declared to be still in force until amended and certified to the *Arkansas Register*.

SECTION III RULE MAKING

In any case of rule-making, every person has a right to seek to cause the Board to act to make a rule. Every person also has the right to seek to cause an incorrect rule to be corrected.

SECTION IV VIOLATION OF RULES

Willful violation of any rule of the Board, in addition to any other penalty provided by law, shall subject the violator to such denial, suspension or revocation of approval of a nursing program or license to practice nursing as may be applicable.

SECTION V ORDER

A. ORDER — EFFECTIVE ONLY IN WRITING

Orders of the Board shall be effective only when in writing.

B. EFFECTIVE DATE

Each order shall contain its effective date and shall concisely state:

1. Its intent or purpose;
2. The grounds on which it is based;
3. The pertinent provision of law.

C. ORDER MAY BE EFFECTUATED

An order may be given by service upon or delivery to the person ordered by mail, postage prepaid, addressed to the person at his principal place of business or his home as last of record with the Board. An order may also be served by any officer authorized to serve legal process or by any member of the Board or any employee of the Board. An attempt to serve notice at the last address of record in the Board office shall constitute official notice.

D. ORDER FORMULATED UPON ADJUDICATION

There shall be an order formulated upon each adjudication made by the Board or its hearing officer.

**SECTION VI
DECLARATORY ORDER — RULES**

A. DECLARATORY ORDER — PETITION FOR

Any person who alleges a rule, or its possible application, may injure or threaten to injure him, his business or property may file a petition for a declaratory order as to the applicability of any rule to be enforced by the Board.

B. PROMPT DISPOSITION

Such petition shall be promptly considered and a prompt disposition shall be made.

C. STATUS

Declaratory orders shall have the same status as agency orders formulated upon adjudication.

**SECTION VII
DECLARATORY ORDER — STATUTES AND ORDERS**

Applicability of statutes or department orders as to any person may be determined in the same manner by declaratory orders.

**SECTION VIII
ADJUDICATION**

A. REASONABLE NOTICE

All parties shall be afforded opportunity for hearing after reasonable notice. (See Section XI, subsection B.3. *infra*.)

B. EVIDENCE MAY BE PRESENTED

Opportunity shall be afforded all people interested in the action to respond and present evidence and argument on all issues involved.

C. STIPULATION/SETTLEMENT/CONSENT OR DEFAULT NOT PROHIBITED

Nothing in these rules shall prohibit informal disposition by stipulation, settlement, consent order or default.

D. RECORD

The record shall include:

1. All pleadings, motions and intermediate rulings;
2. All evidence received or considered, including on request of any party a transcript of all proceedings or any part;

3. A statement of matters officially noticed;
4. Offers of proof, objections and rulings;
5. Proposed findings and exceptions;
6. All staff memoranda or data submitted to the hearing officer in connection with any staff consideration of the matter.

E. FINDINGS OF FACT

Findings of fact shall be based exclusively on the evidence received and on matters officially noticed.

**SECTION IX
ADJUDICATION — DECISIONS**

A. FINAL DECISION

In every case of adjudication there shall be a final decision, or order, which shall be in writing or stated in the record.

1. The final decision shall include findings of fact and conclusions of law each separately stated.
2. The findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying evidence supporting the findings.
3. If any party submitted proposed findings of fact, the decision shall include a ruling upon each proposed finding.

B. SERVICE OF COPY — DECISION

Parties shall be served either personally or by mail with a copy of any decision or order.

C. EXEMPTION

Where a formal hearing before a hearing officer has been held at which the parties were given proper notice, and at which opportunity was offered to them to be present in person and by counsel to present testimony, briefs, and argument, a proposal for decision will not be required.

**SECTION X
HEARING OFFICER**

Where convenient and appropriate, a hearing officer may be appointed to take testimony and prepare the record for the consideration of the Board. The hearing officer may conduct hearings at any place within the State of Arkansas. In the conduct of such hearings, the hearing officer shall preside and have the power and duties of a presiding official as set forth in Section X.D. The decision on the record made by the hearing officer shall be made by a majority of the members of the Board.

A. HEARINGS

In every case of adjudication, and in cases of rule making where rules are to be made after hearing, there shall be a hearing.

B. RIGHT OF COUNSEL

Any person compelled to appear before the Board or a hearing officer shall have the right to counsel.

C. IMPARTIALITY

Every member of the Board present shall conduct her/himself in an impartial manner and the presiding official may withdraw if she/he deems her/himself disqualified.

Any party may file an affidavit of personal bias or disqualification which shall be ruled upon by the Board and granted if it is timely, sufficient, and filed in good faith.

D. POWER AND DUTIES OF PRESIDING OFFICIAL

The presiding officer of the hearing shall have power to:

1. Administer oaths and affirmations;
2. Maintain order;
3. Rule on all questions arising during the course of the hearing;
4. Hold conferences for the settlement or simplification of the issues;
5. Make or recommend decisions;
6. Generally, to regulate and guide the course of the proceedings.

E. BURDEN OF PROOF

The proponent of a rule or order shall have the burden of proof.

F. EVIDENCE EXCLUDED

Irrelevant, immaterial and unduly repetitious evidence shall be excluded.

G. EVIDENCE ADMITTED

Any other evidence, oral or documentary, not privileged, may be received if it is of a type commonly relied upon by reasonably prudent men in the conduct of their affairs.

H. OBJECTIONS

Objections to evidence may be made and shall be noted of record.

I. EVIDENCE MAY BE WRITTEN — WHEN

When a hearing can be so expedited (and the interests of the parties will not be prejudiced) any part of the evidence may be received in written form.

J. CROSS-EXAMINATION

Parties shall have the right to conduct such cross-examination as may be required for a full, true disclosure of the facts.

K. OFFICIAL NOTICE

Official notice may be taken of judicially cognizable facts and of generally recognized technical or scientific facts peculiarly within the Board's specialized knowledge.

1. Parties shall be notified of material so noticed (including any staff memoranda or data).
2. Parties shall be afforded a reasonable opportunity to show the contrary.

SECTION XI
PROCEDURE ON DENIAL, REPRIMAND, PROBATION,
CIVIL PENALTIES, SUSPENSION, OR REVOCATION

A. GROUNDS FOR DISCIPLINE

The Board shall have sole authority to deny or suspend any license to practice nursing or certificate of prescriptive authority issued by the Board or applied for in accordance with the provisions of this chapter, or to otherwise discipline a licensee upon proof that the person:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
2. Is guilty of crime or gross immorality;
3. Is unfit or incompetent by reason of negligence, habits or other causes;

4. Is habitually intemperate or is addicted to the use of habit-forming drugs;
5. Is mentally incompetent;
6. Is guilty of unprofessional conduct;
7. Has had a license, certificate or registration revoked, suspended or placed on probation or under disciplinary order in any jurisdiction;
8. Has voluntarily surrendered a license, certification or registration and has not been reinstated in any jurisdiction; or
9. Has willfully or repeatedly violated any of the provisions of this chapter.

Proceedings under this section shall be as provided in the Administrative Procedure Act, as amended, § 25-15-201 et seq.

B. PROCEEDINGS

Proceedings shall be as follows.

1. Opportunity for licensee or applicant to have hearing.
Except as provided in subsection 2 below, every licensee or applicant for a license shall be afforded notice and an opportunity to be heard before the Board. The Board shall have authority to take any action the effect of which would be to:
 - a. Deny permission to take an examination for licensing for which application has been duly made;
 - b. Deny a license after examination for any cause other than failure to pass an examination;
 - c. Withhold the renewal or reinstatement of a license for any cause;
 - d. Revoke a license;
 - e. Suspend a license;
 - f. Probate a license;
 - g. Reprimand a licensee;
 - h. Levy civil penalties.
2. Suspension of license without prior notice or hearing.
If the Board finds that the continued practice by a licensee of the occupation or profession for which he/she is licensed will create an immediate hazard to the public, the Board may suspend the license pending a hearing without prior notice of hearing.
3. Notice of action or contemplated action by the Board—Request for hearing—Notice of hearing.
 - a. When the Board contemplates taking any action of a type specified in paragraphs a. and b. of subsection B.1. supra, it shall give written notice to the applicant at the last address of record in the Board office, including a statement:
 - (1) That the applicant has failed to satisfy the Board of his or her qualifications to be examined or to be licensed, as the case may be;
 - (2) Indicating in what respects the applicant has failed to satisfy the Board; and
 - (3) That the applicant may secure a hearing before the Board by depositing in the mail, within 20 days after service of said notice, a registered letter addressed to the Board containing a request for a hearing.

In any proceeding of the Board involving the denial of a duly made application to take an examination, or refusal to issue a license after an applicant has taken and passed an examination, the burden of satisfying the Board of the applicant's qualifications shall be upon the applicant.

- b. When the Board contemplates taking any action of a type specified in subsections c, d, and e of subsection B.1. supra, it shall give a written notice to the licensee at the last address of record in the Board office, through the Board's attorney, which contains a statement:

- (1) That the Board has sufficient evidence which, if not rebutted or explained, will justify the Board in taking the contemplated action;
 - (2) Indicating the general nature of the evidence, and detailed allegations of violation of ACA §17-86-309(a)(1-9) the licensee is charged with;
 - (3) That a hearing will be held on a date certain, no sooner than 20 days after the mailing of the notice to the last address of record in the Board office; and at that hearing the Board will receive evidence.
- c. When the Board shall summarily suspend a license pending a hearing, as authorized in subsection B.2 supra, it shall give written notice of the general nature of the evidence and detailed allegations of violation of ACA §17-86-309(a)(1-9) the licensee is charged with:
- (1) That the Board has sufficient evidence which, if not rebutted or explained, will justify revocation of the license by the Board;
 - (2) Indicating the general nature of the evidence against the licensee;
 - (3) That, based on the evidence indicated, the Board has determined that the continuation of practice of the occupation or profession of the licensee will create an immediate hazard to the public and has therefore suspended the license of the licensee effective as of the date such notice is served;
 - (4) The Board will then set an immediate hearing for a full evidentiary presentation by the licensee and the Board.
- d. In any hearing before the Board involving the suspension or revocation of a license, the burden shall be on the Board to present competent evidence to justify the action taken or proposed by the Board.

C. CIVIL PENALTIES

The Board may, after providing notice and a hearing, levy civil penalties in an amount not to exceed one thousand dollars (\$1,000.00) for each violation against those individuals or entities found to be in violation of this Chapter or regulations promulgated thereunder.

1. Each day of violation shall be a separate offense.
2. These penalties shall be in addition to other penalties which may be imposed by the Board pursuant to this Chapter.
3. Unless the penalty assessed under this subsection is paid within fifteen (15) calendar days following the date for an appeal from the order, the Board shall have the power to file suit in the Circuit Court of Pulaski County to obtain a judgment for the amount of penalty not paid.

D. ENCUMBRANCE OR SUSPENSION OF DEA REGISTRATION

The APN shall submit his/her DEA Registration to the Board upon request following disciplinary hearing in which the registration is encumbered or suspended.

E. METHOD OF SERVING NOTICE OF HEARING

Any notice required by subsection B.3, above, may be served either personally or by an officer authorized by law to serve process, or by registered mail or certified mail with return receipt requested, directed to the licensee or applicant at his or her last known address as shown by the records of the Board. If notice is served personally, it shall be deemed to have been served at the time when the officer delivers the notice to the person addressed. Where notice is served by registered mail, it shall be deemed to have been served on the date borne by the return receipt showing delivery of the notice to the addressee or refusal of the addressee to accept the notice. An attempt to serve notice at the last address of record shall constitute official notice.

F. VENUE OF HEARING

Board hearings held under the provisions of this rule shall be conducted at the Board office or elsewhere in Pulaski County.

G. HEARINGS PUBLIC

Use of Hearing Office — All hearings under this section shall be open to the public.

At all such hearings at least a quorum of the Board shall be present to hear and determine the matter.

H. RIGHTS OF PERSONS ENTITLED TO HEARING

A person entitled to be heard pursuant to this section shall have the right to:

1. Be represented by counsel;
2. Present all relevant evidence by means of witnesses and books, papers and documents;
3. Examine all opposing witnesses on any matter relevant to the issues;
4. Have subpoenas and subpoenas duces tecum issued to compel the attendance of witnesses and the production of relevant books, papers and documents upon making written request therefor to the Board; and
5. Have a transcript of the hearing made at his or her own expense as provided in Section VIII.D. hereof.

I. POWERS OF THE BOARD IN CONNECTION WITH HEARING

In connection with any hearing held pursuant to the provisions of this section, the Board or its hearing officer shall have power to:

1. Have counsel to develop the case;
2. Administer oaths or affirmations to witnesses called to testify;
3. Take testimony;
4. Examine witnesses;
5. Have a transcript of the hearing made at the expense of the Board; and
6. Direct a continuance of any case.

J. RULES OF EVIDENCE

In proceedings held pursuant to this rule, the Board may admit any evidence and may give probative effect to evidence that is of a kind commonly relied on by reasonably prudent men in the conduct of serious affairs. The Board may in their discretion exclude incompetent, irrelevant, immaterial and unduly repetitious evidence.

K. FEES — WITNESSES

Witness fees and mileage, if claimed, shall be allowed the same as for testimony in a Circuit Court.

L. MANNER AND TIME OF RENDERING DECISION

After a hearing has been completed, the members of the Board shall proceed to consider the case and as soon as practicable shall render their decision. If the hearing was conducted by a hearing officer, the decision shall be rendered by the Board at a meeting where a quorum of the members of the Board are present and participating in the decision. In any case the decision must be rendered within ninety (90) days after the hearing.

M. SERVICE OF WRITTEN DECISION

Within a reasonable time after the decision is rendered, the Board shall serve upon the person whose license is involved a written copy of the decision, either personally or by registered mail to the last address of record in the Board office. If the decision is sent by registered mail, it shall be deemed to have been served on the date borne on the return receipt.

N. PROCEDURE WHERE PERSON FAILS TO REQUEST OR APPEAR FOR HEARING — REOPENING HEARING

If a person duly notified fails to appear for a disciplinary hearing and no continuance has been granted, the Board, or its hearing officer, shall hear the evidence of such witnesses as may have appeared, and the Board shall proceed to consider the matter and dispose of it on the basis of the evidence before it in the manner required by subsection L of Section XI. Failure of the licensee to keep the Board informed of a change of address shall not be grounds to have the hearing reopened.

Where because of accident, sickness, or other cause a person fails to appear for a hearing which has been scheduled by the Board, the person may, within a reasonable time, apply to the Board to reopen the proceeding; and the Board, upon finding such cause sufficient, shall immediately fix a time and place for hearing, and give such person notice thereof as required by Sections XI.B.3. and XI.E. At the time and place fixed, a hearing shall be held in the same manner as would have been employed if the person had appeared in response to the original notice of hearing.

O. CONTENTS OF DECISION

The decision of the Board shall contain:

1. Findings of fact made by the Board;
2. Conclusions of law reached by the Board;
3. The order of the Board based upon these findings of fact and conclusions of law; and
4. A statement informing the person whose license is involved of his right to request a judicial review and the time within which such request must be made.

P. JUDICIAL REVIEW

Judicial review of proceedings under this rule shall be set out in Section XII.

**SECTION XII
JUDICIAL REVIEW**

A. JUDICIAL REVIEW — RULE MAKING

1. DECLARATORY JUDGMENT

The validity or applicability of a rule may be determined in an action of declaratory judgment if it is alleged that the rule (or its threatened application) injures or threatens to injure the plaintiff.

2. VENUE — CIRCUIT COURTS

An application for declaratory judgment may be brought in the circuit court of Pulaski County.

3. BOARD NAMED DEFENDANT

The Board shall be named defendant.

4. DECLARATORY JUDGMENT AVAILABLE

A declaratory judgment may be sought and rendered whether or not the plaintiff requested the Board to act upon the validity or applicability of the questioned rule.

B. JUDICIAL REVIEW - FAILURE TO ACT

RULE MAKING

If the Board shall unlawfully, unreasonably, or capriciously fail, refuse, or delay to act in respect to rule-making, any person may sue for an order commanding the Board to act.

VENUE — CHANCERY COURTS

The suit may be brought in the chancery court of Pulaski County.

C. JUDICIAL REVIEW — FAILURE TO ACT IN ADJUDICATION

Any person who considers himself injured by a failure to act in a case of adjudication has the same judicial review as in a matter of failure to act pertaining to rule-making.

VENUE — CHANCERY COURTS

The plaintiff may bring suit for an order commanding the Board to act. The suit shall be in the Pulaski Chancery Court.

D. JUDICIAL REVIEW — ADJUDICATION

In cases of adjudication, any person who considers himself injured in his person, business or property by final Board action shall be entitled to judicial review.

1. OTHER REVIEW — NOT EXTINGUISHED

Nothing in this section shall be construed to limit other means of review provided by law.

2. VENUE — CIRCUIT COURTS

Proceedings for review may be instituted by filing a petition in the circuit court of Pulaski County or the county in which the person resides.

3. TIME

The petition shall be filed within thirty days after service of the Board's final decision of the adjudication upon petitioner.

4. SERVICE

Service shall be had by serving a copy of the petition upon the Board and all other parties of record either by personal service or by mail.

5. INTERVENORS

The court may permit other interested parties to intervene.

6. STAY OF ORDER

Filing of the petition shall not automatically stay enforcement of the Board decision. The Board, upon its own action, or the reviewing court may stay the order upon such terms as may be just.

7. RESPONSE

Response shall be made within thirty (30) days after service of the petition, or within such time as the court may allow, but not exceeding a total of ninety (90) days.

8. BOARD SHALL TRANSMIT RECORD TO COURT

The Board shall transmit the record to the reviewing Court.

a. The record shall be either the original or a certified copy of the entire record.

b. By stipulation of all parties to the review, the record may be shortened.

c. The court may require or permit subsequent corrections or additions to the record.

9. ADDITIONAL EVIDENCE

Additional evidence may be had if, before the date for hearing, application is made to the Court for leave to present additional evidence.

a. Must obtain leave of court.

b. Evidence must be material.

c. Must show a good reason for failure to present the evidence.

d. The court may set such conditions as may be just.

e. The Board may modify its findings and decisions by reason of the additional evidence. If so, that evidence and any modifications, new findings, or decisions shall be filed with the reviewing court.

10. REVIEW BY COURT WITHOUT JURY

The review shall be conducted by the court without jury and shall be confined to the record.

EXCEPTION:

- a. In cases of alleged irregularities in procedure before the Board (not shown in the record) testimony may be taken before the Court.
- b. Upon request, the court shall hear oral arguments and receive written briefs.

11. RULING OF REVIEWING COURT

The reviewing court may affirm the decision of the Board, or it may remand the case for further proceedings. It also may reverse or modify the decision if substantive rights of the petitioner have been prejudiced because the administrative findings, inferences, conclusions or decisions are:

- a. In violation of constitutional or statutory provisions;
- b. In excess of the Board's statutory authority;
- c. Made upon unlawful procedure;
- d. Affected by other error of law;
- e. Not supported by substantial evidence of record, or, if it is arbitrary, capricious, or characterized by abuse of discretion.

E. JUDICIAL REVIEW — DISCIPLINARY PROCEEDINGS

In cases of disciplinary proceedings any respondent shall be entitled to judicial review of the final Board action.

1. VENUE — CIRCUIT COURT

Proceedings for review may be instituted by filing a petition in the Circuit Court of Pulaski County or the county in which the person resides.

2. TIME

The petition shall be filed within thirty days after service of the Board's final decision of the adjudication upon petitioner.

3. SERVICE

Service shall be had by serving a copy of the petition upon the president or the secretary of the Board.

4. STAY OF ORDER

Filing of the petition shall not automatically stay enforcement of the Board decision. The Board, upon its own action, or the reviewing court may stay the decision or order upon such terms as may be just.

5. RESPONSE

Response shall be made within thirty (30) days after service of petition, or within such time as the court may allow, but not exceeding a total of ninety (90) days.

6. THE BOARD SHALL TRANSMIT RECORD TO COURT

The Board shall transmit the record to the reviewing court.

- a. The record shall be either the original or a certified copy of the entire record.
- b. By stipulation of all parties to the review, the record may be shortened.
- c. The court may require or permit subsequent corrections or additions to the record.

7. ADDITIONAL EVIDENCE

Additional evidence may be had if, before the date for hearing, application is made to the court for leave to present additional evidence.

- a. Must obtain leave of court.
- b. Evidence must be material.
- c. Must show a good reason for failure to present the evidence.
- d. The court may set such conditions as may be just.

- e. The Board may modify its findings and decisions by reason of the additional evidence. If so, that evidence and any modifications, new findings, or decisions shall be filed with the reviewing court.
- 8. **REVIEW BY COURT WITHOUT JURY**

The review shall be conducted by the court without a jury and shall be confined to the record.

 - a. **EXCEPTION**

In cases of alleged irregularities in procedure before the Board (not shown in the record) testimony may be taken before the court.
 - b. Upon request, the court shall hear oral argument and receive written briefs.
- 9. **RULING OF REVIEWING COURT**

The reviewing court may affirm the decision of the Board, or it may remand the case for further proceedings. It also may reverse or modify the decision if substantive rights of the petitioner have been prejudiced because the administrative findings, inferences, conclusions or decisions are:

 - a. In violation of constitutional or statutory provisions;
 - b. In excess of the Board's statutory authority;
 - c. Made upon unlawful procedure;
 - d. Affected by other error of law;
 - e. Not supported by substantial evidence of record, or if it is arbitrary, capricious, or characterized by abuse of discretion.

SECTION XIII APPEALS TO THE SUPREME COURT OF ARKANSAS

Appeals to the Arkansas Supreme Court from any final action of a chancery or circuit court shall follow the procedure prescribed by law.

SECTION XIV ENFORCEMENT

A. CIVIL ACTION

The Board may institute such civil suits or other legal proceedings as may be required for enforcement of any provisions of ACA §17-86-101 through 17-86-401 (Nurse Practice Act), as amended, and related acts.

B. CRIMINAL ACTION

If the Board has reason to believe that any person has violated any provisions of the Nurse Practice Act, as amended, or related acts for which criminal prosecution would be in order, it shall so inform the prosecuting attorney in whose district any such purported violation may have occurred.

SECTION XV DISCIPLINARY PROCEEDINGS

A. DEFINITIONS

- 1. The term "fraud and deceit" shall include but not be limited to:
 - a. False representation of facts on an application for licensure by examination or licensure by endorsement without examination or on application for renewal of license;

- b. False representation by having another person in his/her place for the licensing examination or any part thereof;
 - c. Forged or altered documents or credentials as required for the application for original license, application for renewal of license, or application for certificate of prescriptive authority;
 - d. Disclosing the contents of the licensing examination or soliciting, accepting or compiling information regarding the examination before, during or after its administration;
 - e. Aiding, abetting, assisting or hiring an individual to violate or circumvent any law or duly promulgated rules and regulations intended to guide the conduct of a nurse or other health care provider;
 - f. Prescribing any drug, medicine, or therapeutic device unless certified by the Board as having prescriptive authority.
2. The term "gross immorality" shall include but not be limited to acts and conduct inconsistent with the rules and principles of morality which relate to the practice of nursing and the responsibilities of the licensee.
3. The term "negligence" means the failure to do some act of nursing which a licensee should do, guided by those ordinary considerations which regulate the practice of nursing; or the doing of something which a reasonable and prudent licensee would not do under the same or similar facts and circumstances in the practice of nursing.
- The term "gross negligence" is an exercise of such minimal care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the patient or the public and shall be considered a substantial departure from the accepted standard of care.
- The term "other causes" shall include but not be limited to the inability to practice nursing because of physical and/or psychological impairment.
4. The term "habitually intemperate or addicted" shall include but not be limited to the use of hallucinogenics, stimulants, depressants or intoxicants which could result in behavior that interferes with the practice of nursing.
5. The term "mental incompetence" shall include those situations where a court has adjudged a licensee as incompetent.
6. The term "unprofessional conduct" which, in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public, means any act, practice, or omission that fails to conform to the accepted standards of the nursing profession and which results from conscious disregard for the health and welfare of the public and of the patient under the nurse's care; and includes, but is not limited to, the conduct listed below:
- a. Failing to assess and evaluate a patient's status or failing to institute nursing intervention which might be required to stabilize a patient's condition or prevent complications.
 - b. Knowingly or consistently failing to accurately or intelligibly report or document a patient's symptoms, responses, progress, medications, and/or treatments.
 - c. Knowingly or consistently failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.
 - d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.

- e. Failing to administer medications and/or treatments in a responsible manner.
 - f. Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.
 - g. Violating the confidentiality of information or knowledge concerning the patient except where required by law.
 - h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.
 - i. Leaving a nursing assignment without notifying appropriate personnel.
 - j. Failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the Arkansas Nurse Practice Act or duly promulgated rules, regulations, or orders.
 - k. Delegating nursing care functions and/or responsibilities in violation of the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules and Regulations, Chapter 5.
 - l. Failing to supervise persons to whom nursing functions are delegated or assigned.
 - m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological or mental impairment.
 - n. Failing to conform to the Universal Precautions for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.
 - o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.
 - p. Failing a drug screen as requested by employer or Board.
 - q. Engaging in acts of dishonesty which relate to the practice of nursing.
7. The term "willfully" shall include but not be limited to:
- a. Continuing action after notice by the Arkansas State Board of Nursing;
 - b. Disregarding the expiration date of the license;
 - c. Providing false, incorrect, or incomplete information to the employer regarding the status of the license;
 - d. Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed, and practicing without required professional supervision;
 - e. Failing to follow the Nurse Practice Act of the State of Arkansas and its rules and regulations.

CHAPTER TEN ASSESSMENT OF FEES

FILED
AR. REGISTER DIV.
95 SEP 15 PM 1:11

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

A. COLLECTION OF FEES

The Board shall collect the following fees.

1. **LICENSURE EXAMINATION APPLICATION**
Thirty dollars (\$30.00) for registered nurse, practical nurse or psychiatric technician nurse licensure examination.
2. **LICENSURE BY ENDORSEMENT APPLICATION**
Fifty dollars (\$50.00) for licensure by endorsement as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse.
3. **TEMPORARY PERMIT APPLICATION**
 - a. Ten dollars (\$10.00) for a temporary permit to practice as an advanced practice nurse while awaiting the results of a certification examination.
 - b. Ten dollars (\$10.00) for a temporary permit to practice as a registered nurse, licensed practical nurse, or licensed psychiatric technician nurse while awaiting endorsement.
4. **INITIAL LICENSURE/RENEWAL APPLICATION**
Twenty-five dollars (\$25.00) for initial licensure or renewal of licensure as a registered nurse, advanced practice nurse, registered nurse practitioner, licensed practical nurse or licensed psychiatric technician nurse.
5. **CERTIFICATE OF PRESCRIPTIVE AUTHORITY APPLICATION**
Twenty-five dollars (\$25.00) for a certificate of prescriptive authority.
6. **LAPSED LICENSURE REINSTATEMENT APPLICATION**
Thirty dollars (\$30.00) for reinstatement of lapsed licensure as a registered nurse, licensed practical nurse, licensed psychiatric technician nurse, registered nurse practitioner or advanced practice nurse.
7. **CERTIFICATION APPLICATION**
Twenty dollars (\$20.00) for a certified statement that a registered nurse, registered nurse practitioner, advanced practice nurse, licensed practical nurse or licensed psychiatric technician nurse is licensed in this state.
8. **DUPLICATE CREDENTIAL APPLICATION**
Five dollars (\$5.00) credential fee for a duplicate license or certificate.
9. **REPLACEMENT LICENSE APPLICATION**
Five dollars (\$5.00) for a replacement license following a name change.
10. **REINSTATEMENT APPLICATION**
Ten dollars (\$10.00) for reinstatement from inactive status.
11. **CERTIFIED COPY OF RECORDS**
Five dollars (\$5.00) for a certified copy of records

B. REFUND OF FEES

All fees collected by the Board are nonrefundable.